



Western Cape
Government



Department of Health and Wellness

Annual Report

2023/24

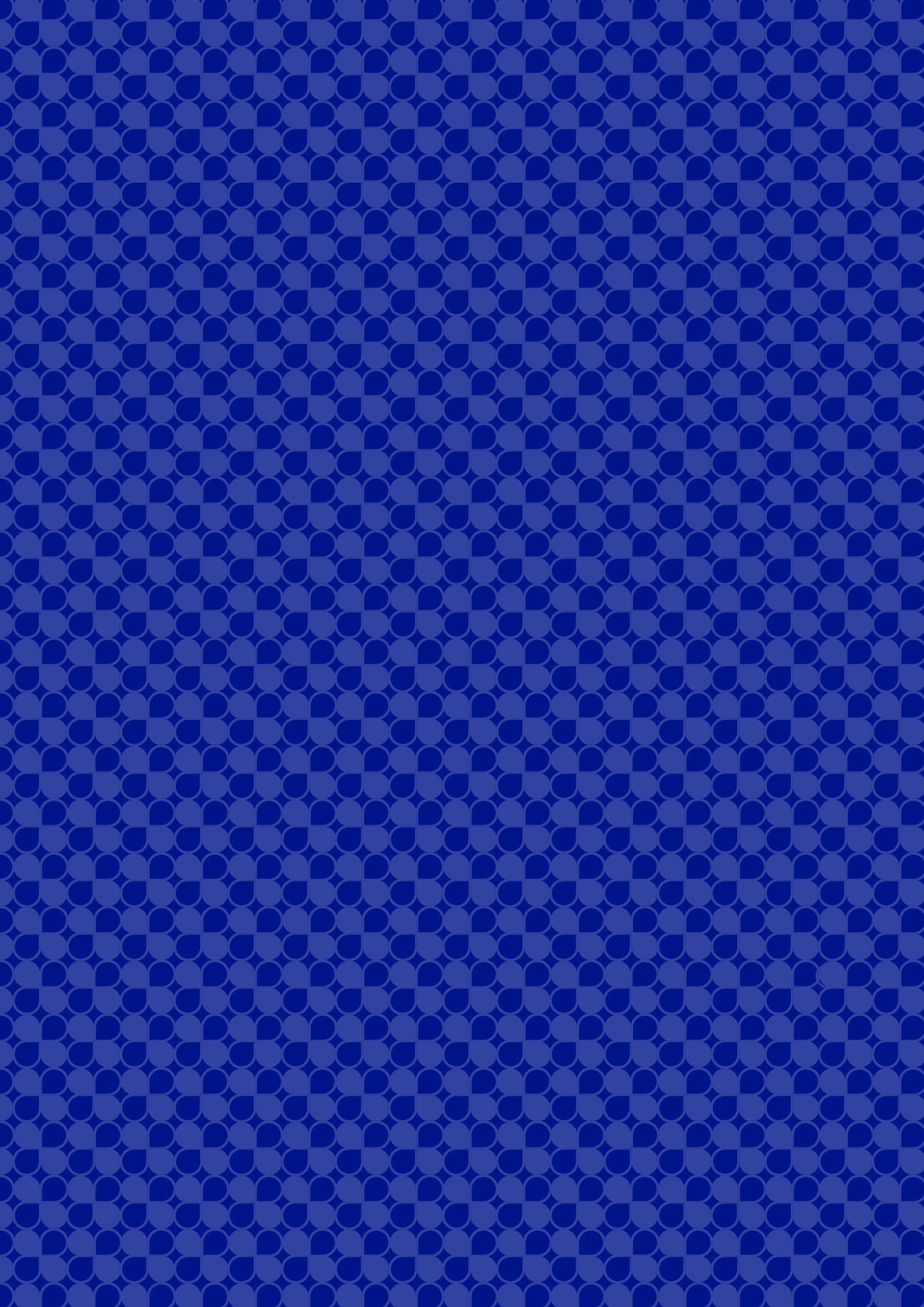


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A woman wearing a blue headband and a dark jacket over a light blue shirt is working in a laundry facility. She is standing next to a white plastic chair that is covered with a large pile of blue hospital gowns. In the background, there are industrial laundry machines, including a large white machine with the brand name 'Kannan' visible. Several blue gowns are hanging from a rack in the background. The floor is a light-colored concrete. The overall scene depicts a busy industrial laundry environment.

**A refurbished
Tygerberg Hospital
Central Laundry,
which is now catering
for 64 facilities in
the Metro and Cape
Winelands Districts.**



PART A:

General Information

Department's General Information

Full Name Of Department

Department of Health and Wellness¹
Western Cape Government

Physical Address Of Head Office

4 Dorp Street, Cape Town, 8001

Postal Address Of Head Office

PO Box 2060, Cape Town, 8000

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¹ In Government Gazette, 23 February 2023, the Department's name was changed as of 01 April 2023 to the Department of Health and Wellness.

List of Abbreviations/Acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AO	Accounting Officer
B-BBEE	Broad-Based Black Economic Empowerment
CDC	Community Day Centre
CEO	Chief Executive Officer
CHC	Community Health Centre
COVID-19	Coronavirus Disease 2019
DORA	Division of Revenue Act
DPSA	Department of Public Service Administration
EHWP	Employee Health and Wellness Programme
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
GNR	Government Notice Regulation
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HR	Human Resources
MEC	Member of the Executive Council
N/A	Not applicable / Not available / No answer
NDoH	National Department of Health
NPO	Non-Profit Organisation
OHS	Occupational Health and Safety
OSD	Occupation Specific Dispensation
PCR	Polymerase Chain Reaction
PERSAL	Personnel and Salary Information System
PES	Provincial Equitable Share
PFMA	Public Finance Management Act
PHC	Primary Health Care
PM	People Management
PMI	Patient Master Index
SABS	South African Bureau of Standards
SCM	Supply Chain Management
SHERQ	Safety, Health, Environment, Risk and Quality
SMS	Senior Management Service
STI	Sexually Transmitted Infection
TB	Tuberculosis
WCG	Western Cape Government
WCCN	Western Cape College of Nursing

Foreword by the MEC



“...let us build on the lessons learned and continue to innovate, collaborate, and adapt in our pursuit of ensuring the health and wellness of all citizens.”

As we reflect on the 2023/24 financial year, it becomes evident that it will be remembered as a pivotal moment in our country's fiscal landscape.

We began the year under review with a substantial, real decrease to our baseline budget that was later compounded by inflationary pressures and the increase in our wage bills which placed unprecedented strain on our Department's finances.

These factors took place in the backdrop of a polycrisis which has impacted the health system for the past 15 years.

This includes climate-related events, disease outbreaks, geopolitical ramifications, social instability, technological threats and unreliable supply of energy. In addition to these are the triple challenges of unemployment, poverty and inequality and other socio-econo-political factors which have always affected health.

In response, we implemented widespread cost-cutting measures, including renegotiating contracts with suppliers and temporarily freezing new hires. These measures were necessary to ensure the continued delivery of essential healthcare services amidst fiscal constraints.

However, amidst these challenges, this tipping point also signaled a time of innovation and renewal within our Department. We launched initiatives such as the rollout of inverters at PHC facilities in our rural district. We implemented telehealth pilots to enhance service efficiency; like the Tele-ICU project which connects clinicians and specialists between Groote Schuur and George Hospitals. This not only saves costs, but also allows for greater skills and knowledge transfers between staff. Furthermore, we refurbished the Tygerberg Hospital's Central Laundry, which is more efficient and is now catering for 64 facilities in the Metro and Cape Winelands Districts.

While these advancements are crucial to our Department's priorities, this financial year underscored the importance of strengthening partnerships. As such, we convened indabas with stakeholders from private health, civil society, academia, and labor, fostering collaboration and collective problem-solving to navigate the complexities of our healthcare landscape. I personally look forward to the initiatives that will stem from these discussions.

Even though the road ahead still entails much uncertainty, let us build on the lessons learned and continue to innovate, collaborate, and adapt in our pursuit of ensuring the health and wellness of all citizens.

Prof Nomafrrench Mbombo
Western Cape Minister of Health and Wellness

Report of the Accounting Officer



“Our environment is labile, unpredictable and complex, and it is likely to continue for the foreseeable future. Navigating such an environment requires a different approach.”

The end of the 2023/24 financial year marks 48 months since the onset of the COVID-19 pandemic. Since then we have dealt with taxi strikes, floods, fires, load shedding and a host of challenges leading to the inescapable conclusion that we are in a polycrisis state. In this financial year, we faced significant reductions in our budget allocations, resulting in system wide cost cutting measures which in turn placed significant pressure on clinical and corporate services. Our environment is labile, unpredictable and complex, and it is likely to continue for the foreseeable future. Navigating such an environment requires a different approach. It requires resilience, adaptability, connectedness, and a unifying vision. Our Department is fortunate to have all these characteristics and capabilities in abundance.

In 2023/24, our primary health care platform, which is the main point of entry into our health platform, had 18 million contacts, 178 004 learner contacts in schools, and we delivered 3.1 million medication parcels to our patients through the Chronic Dispensing Unit. Our acute hospitals saw a combined 528 070 inpatient separations, 1 523 914 outpatients and 1 013 154 emergency patients. During the year, our emergency medical services attended to 471 958 primary cases across the Province, while our Forensic Pathology Services managed 11 668 cases. During this time, we have celebrated several achievements, amongst others, a ground-breaking telemedicine project between George Regional Hospital and Groote Schuur Hospital, the establishment of youth zones in 17 health facilities in the Garden Route, the establishment of a Violence Prevention Unit, strengthening of world class transplant services, and the construction of a new orthopaedic ward at Red Cross War Memorial Children's Hospital. These remarkable achievements, despite ongoing fiscal pressures, is a testimony to the remarkable commitment of our staff.

We started the financial year with our sixth consecutive clean audit; a remarkable achievement that speaks to our commitment to good governance. From a culture and leadership perspective, our latest Barrett Values Survey showed a drop in our entropy score from 21% in 2015 to 15% in 2022. Further, our composite culture score rose from 67 to 71, achieving world-class standards in organisational health. The Department continues its strategic journey, with our central strategy: Health is Everyone's Business. Added to this is our Service Re-design Strategy, which will move us towards a resilient health system, capable of thriving in polycrisis.

“sixth consecutive clean audit; a remarkable achievement that speaks to our commitment to good governance.”

Finally, we are co-creating an “ecosystem approach” to healthcare service delivery, which promotes a cooperative, governance style, that will more effectively utilise our limited resources.

Looking back at the path travelled in 2023/24, it has without question been a challenging journey. We have successfully navigated numerous crises, but we remain wary that there are more to come. What is even more remarkable are our achievements, despite the difficulties we have faced. Of course, these achievements would not be possible without the dedication and service of our staff, who have time and again risen to every challenge. To the 35 000 people in the Department of Health and Wellness, who get up each day, to come to work, in service of the most vulnerable of our population, we salute you, and your immeasurable contribution to improving the lives of the people of the Western Cape.

Overview of the Financial Results

Departmental Receipts

Patient Fees are the main source of income for the Department and the tariffs charged are as per the Uniformed Patient Fees Schedule (UPFS), which is determined by the National Department of Health (NDoH). These fees are reviewed annually, and the revised tariffs come into effect at the start of each financial year. The Department ended the 2023/24 financial year with a revenue surplus of R52,314 million. A breakdown of the sources of revenue and performance for 2023/24 is provided in the table below.

Departmental Receipts	2023/24			2022/23		
	Estimate	Actual amount collected	(Over)/ Under Collection	Estimate	Actual amount collected	(Over)/ Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods & services other than capital assets	387 013	402 770	(15 757)	365 352	401 010	(35 658)
Transfers received	16 793	17 788	(995)	17 129	17 253	(124)
Interest, dividends and rent on land	1 106	2 259	(1 153)	2 031	1 735	296
Sale of capital assets	-	1 757	(1 757)	-	-	-
Financial transactions in assets and liabilities	43 463	76 115	(32 652)	12 741	29 541	(16 800)
Total	448 375	500 689	(52 314)	397 253	449 539	(52 286)

Programme Expenditure

The Department recorded an under expenditure of R92,281 million in the 2023/24 financial year. Please refer to Notes to the Appropriation Statement on page 217 to 220 for reasons.

Programme Name	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Programme 1: Administration	980 573	980 573	-	1 110 842	1 086 215	24 627
Programme 2: District Health Services	12 178 279	12 155 573	22 706	12 050 513	12 036 821	13 692
Programme 3: Emergency Medical Services	1 358 041	1 349 750	8 291	1 303 037	1 302 918	119
Programme 4: Provincial Hospital Services	4 838 351	4 801 042	37 309	4 506 521	4 506 521	-
Programme 5: Central Hospital Services	8 149 924	8 149 924	-	7 932 824	7 927 831	4 993
Programme 6: Health Sciences and Training	419 746	418 753	993	412 895	383 735	29 160
Programme 7: Health Care Support Services	641 607	618 626	22 981	585 229	527 713	57 516
Programme 8: Health Facilities Management	1 169 467	1 169 466	1	1 193 172	1 115 356	77 816
Total	29 735 988	29 643 707	92 281	29 095 033	28 887 110	207 923

Virements/Rollovers

All virements applied are depicted on page 207 to 216 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer. Note that the total amount of R92,281m was requested as a re-allocation to cover cost pressures and reduce the anticipated over-expenditure in the 2024/25 financial year.

Main division		R'000	Reason
From	To		
Programme 4: Provincial Hospital Services	Programme 1: Administration	170	To address over expenditure because of Thefts and Losses.
Programme 4: Provincial Hospital Services	Programme 1: Administration	2 817	To address over expenditure because of services pressures. Virements were applied to ensure that no unauthorised expenditure occurred.
	Programme 5: Central Hospital Services	12 626	

Unauthorised, Fruitless & Wasteful Expenditure

No unauthorised expenditure has been recorded after the application of virements.

No fruitless and wasteful expenditure for the current financial year.

Public-Private Partnerships

New Public-Private Partnerships

Tygerberg Hospital Redevelopment Project (an envisioned Public-Private Partnership)

The redevelopment of Tygerberg Central Hospital on the current hospital estate to provide Level 3/quaternary services and 893 beds, is envisioned as a Public-Private Partnership (PPP). Under this scenario, the Western Cape Department of Health and Wellness would procure a suitable private partner to finance, design, build and maintain the hospital on behalf of the Department, and provide some of the non-clinical operational services for a concession period.

The procurement stage is underway and will conclude when National Treasury grants Treasury Approval: IIA, which requires issuing the Request for Proposals. The expected timeline is March 2025, after which National Treasury will approve the preferred bidder and issue Treasury Approval: IIB.

Treasury Approval: III will be achieved after finalising output specifications, performance standards, payment mechanism and the PPP agreement. The expected timeline for this is February 2027. This approval will authorise the Department to enter a PPP agreement with the successful private partner.

Discontinued Activities

Rural Health Services (RHS)

Renal haemodialysis and peritoneal dialysis slots at George Hospital have been reduced due to cost containment measures, leading to stricter prioritisation criteria for accessing these services.

All elective orthopaedic services at Paarl Hospital were stopped during the last quarter of the financial year, and George Hospital closed one of its four operating theatres due to cost-containment measures, resulting in increased waiting lists and longer waiting times for operations.

Paediatric dental surgery in the Hessequa and Riversdale areas has been cancelled due to a lack of anaesthetic staff.

Metro Health Services (MHS)

While no services have been discontinued, delays in filling posts have negatively impacted the service platform leading to longer waiting times for patients and decreased staff morale.

In particular, prosthodontic and dental laboratory services have been downscaled and maintenance of clinical equipment is limited to critical equipment.

Substance abuse treatment beds at Stikland Hospital were reduced by 26 beds, leaving only 10 beds for alcohol rehabilitation and opioid detoxification. The metro TB Hospital Complex has shut down 80 beds at D.P. Marais Hospital.

Emergency and Clinical Services Support

The Salt River Forensic Pathology Laboratory closed earlier than anticipated in October 2023, due to rapid infrastructure deterioration.

Groote Schuur Hospital (GSH)

While no services have been formally discontinued, austerity measures resulting in staff shortages, have led to reductions in several services, including:

- Fertility services
- Psychiatry outpatient services
- The EEG services
- Geriatric inpatient and outpatient services
- Internal Medicine services
- Ophthalmology services
- Vascular ultrasonography services
- Radiology services
- Allied health services
- Decommissioning of a medical ward, an adolescent ward and an orthopaedic ward

Tygerberg Hospital (TBH)

No services have been discontinued, but there have been scattered decreases in service provision and a reduction in surgical operations due to a decrease in staffing.

Red Cross War Memorial Children's Hospital (RCWMCH)

No services have been discontinued, but there have been scattered decreases in service provision and a reduction in surgical operations due to a decrease in staffing.

New or Proposed Activities

Rural Health Services (RHS)

Thirty Transitional Care beds have been operationalised at Sonstraal Hospital, which provides significant relief to Paarl Regional Hospital.

George Hospital is implementing a rapid assessment and treatment system to reduce waiting times for minors at the Emergency Centre.

Improved efficiency and appropriateness in the utilisation of a computer tomography (CT) scan, a scarce resource has been implemented at George Hospital.

A Telemedicine Project between Groote Schuur Hospital and George Hospital has improved intensive care unit (ICU) patient outcomes by using a remotely operated telemedicine robot that connects the ICU teams of the two hospitals in real-time.

A non-profit organisation (NPO) run mobile service has been developed to reach vulnerable populations in the West Coast and Overberg districts.

A Burns Project has commenced to improve burns quality of care and reduce complications.

Proposals for infrastructure changes at Ceres Hospital and Worcester CDC have been approved.

Psychiatry at Worcester Hospital started a virtual outreach service to the districts.

Seventeen health facilities in the Garden Route have established youth zones to encourage youth attendance.

Emergency and Clinical Services Support

The Forensic Pathology Services have initiated the procurement and implementation of a Laboratory Information Management System (LIMS) funded by and in partnership with the University of Cape Town.

Medicine Management, is procuring a new cloud-based pharmaceutical warehouse ICT system for the efficient warehousing and distribution of pharmaceuticals, using Global Fund funding.

A Clinician-Facing Administration Support project, which links medical secretary interns to senior clinicians, has improved the productivity, clinical governance, patient care and job satisfaction of clinicians. This project is funded by local colleges.

A Clinical Service Desk is set to be established for Emergency Medical Services, to facilitate high-quality, safe and effective emergency medical care.

Critical Care teams, established within Emergency Medical Services, are providing advanced medical care to critical patients, resulting in improved outcomes and increased lives being saved.

A Violence Prevention Unit, that aims to bring different stakeholders together to address local drivers of crime and violence using evidence-backed initiatives that leverage existing resources, has been established and is operating in 18 high-crime areas.

Groote Schuur Hospital (GSH)

Substantial work is being done to further develop an already world-class transplant surgery service. It remains the only unit performing lung transplants on the continent.

A Bereavement Centre has been established and end-of-life palliative care services have been expanded.

A state-of-the-art Emergency Theatre Complex, with three emergency theatres featuring an efficient ergonomic design, is being built to improve emergency and trauma services.

Expansion and refurbishment of the emergency and trauma units are in progress to enable high-quality emergency care.

Red Cross War Memorial Children's Hospital (RCWMCH)

Construction of a new Orthopaedic Ward, a Day Theatre and Medical Records Unit has begun and will improve orthopaedic services for children. It is funded by the Children's Hospital Trust.

Therapeutic play areas, funded by the Children's Hospital Trust, were officially opened in April 2023 and have been well received by patients, their families, and staff. The four play areas are specifically designed for recreation and rehabilitation, accommodating children of all ages and various abilities.

A transversal project to strengthen paediatric palliative care has commenced, with a focus on improving knowledge of multiple members of staff to provide excellent paediatric palliative care.

A project to strengthen child protection services and improve counselling and psychosocial support, is in progress.

Upgrades to the hospital's bulk hot water generation plant, using energy efficient heat pump technology, has been completed.

The medical air compressor plant has been completely upgraded. It now provides much needed reliability in supplying medical air to the hospital, with lower power consumption, improved efficiency and less noise.

Supply Chain Management

Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were received during the year under review.

Supply Chain Management Processes and Systems to Prevent Irregular Expenditure

The Department applies all Supply Chain Management (SCM) frameworks and prescripts as issued by the Provincial and National Treasuries. Departmental transversal contracts reduce the risk for all institutions within the Department. Managing this risk centrally at the head office level ensures that procurement transactions at institutions comply with the SCM prescripts. The Quotation Committees promote the segregation of duties and serve as a control measure for the proactive identification of possible irregular transactions below R1 million. The Devolved Internal Control Units perform oversight and maintain adherence to governance and compliance prescripts in terms of the Accounting Officer System, SCM delegations, and other relevant prescripts and legislation.

Challenges Experienced in Supply Chain Management

Staff

The Department had to advertise several vacant Supply Chain Management (SCM) posts during the 2023-2024 period due to normal and ill-health retirements and natural attrition. These positions were in the recruitment and selection phase, but fiscal challenges resulting in a moratorium on filling posts have created pressures in the SCM environment.

Legislation

It should be noted that the Department has minimal control over National Legislation on SCM. Any change in legislation that impacts on SCM affects the regulations, existing prescripts, procurement practices, and policies applied in departments. Of interest in this regard is the proposed Procurement Bill, which, if enacted, will require many changes in the legislative instruments that govern SCM practices in departments. This may increase the potential risks for irregular expenditure in the future, due to inconsistent applications and interpretations of these instruments. The definitive version of the draft Procurement Bill has not been presented for public comment.

Suppliers

The public sector-wide increase in corruption and fraud creates mistrust within the business community. Unsuccessful bidders are challenging awards more frequently and aggressively, and this situation negatively impacts available resources (and staff) due to the significant increase in complaints. If the situation continues, reprioritisation of resources to attend investigations may have detrimental consequences on service delivery.

The second matter refers to the availability of quality medical products in South Africa. Portside delays, both overseas and in South Africa, create inventory shortages and result in additional procurement transactions, which is detrimental from a risk and resources perspective. Additionally, the medical products market in South Africa is not as established and mature as its international counterparts in terms of quality and logistics.

Procurement systems

The lack of a coherent enterprise management system for public procurement is hampering the availability and access to data for effective management of Departmental SCM systems. This situation prohibits data-led management decision-making, disparate systems, and a lack of integration. This compromises the value-added aspect of procurement and may negatively impact on the future implementation of the National Health Insurance Bill.

Gifts & Donations

Cash donations to the value of R604,725.08 were received by the Department for the 2023/24 financial year. These are disclosed in the Annexures to the Financial Statements, page 272 to 274.

Gifts and donations sponsorships received for the year ending 31 March 2024:

Name of Institution	Category	Amount R ('000)
Beaufort West Hospital	Consumables	439
Brewelskloof Hospital	Consumables	27
Caledon Hospital	Consumables	4
Cape Medical Depot	Consumables	19 908
EMS	Furniture and office equipment	3
False Bay Hospital	Consumables	9
False Bay Hospital	Furniture and office equipment	78
George Hospital	Other machinery and equipment	621
Hermanus Hospital	Other machinery and equipment	15
Khayelitsha Hospital	Consumables	1 106
Khayelitsha Hospital	Furniture and office equipment	6
Lentegeur Hospital	Other machinery and equipment	3
Metro Health Services	Other machinery and equipment	19
Mowbray Maternity Hospital	Other machinery and equipment	1 462
New Somerset Hospital	Consumables	13
New Somerset Hospital	Other machinery and equipment	229
Paarl Hospital	Consumables	13
Red Cross Hospital	Consumables	133
Red Cross Hospital	Other machinery and equipment	546
Stellenbosch Hospital	Consumables	142
Swartland Hospital	Consumables	11
Tygerberg Hospital	Consumables	59
Tygerberg Hospital	Other machinery and equipment	1 679
West Coast – Breede Rivier Sub-district Office	Other machinery and equipment	41
Total		26 566

Exemptions & Deviations

Other than the 2023/24 postponement of Finance Leases recording and Prepayments & Advances expensed amendments, there were no other accounting related deviations and exemptions issued provided by National Treasury for the 2023/24 financial year.

Events after the Reporting Date

The Department has no events to report after the reporting date.

Other

There are no other material facts or circumstances that affect the understanding of the financial affairs of the Department.

Acknowledgements

We recognise that improving the health and wellness of a population requires a systems response. This involves all of government, and all of society, working together with a shared vision and a common goal. We recognise the partnerships within the government that has given rise to amongst others, our One Health Programme, our Violence Prevention Strategy, our Mental Health Strategy, and our response to climate change. We recognise the partnerships with our higher education institutions that embody a spirit of cooperation and joint value creation. To our partners in the private sector, we continue to work towards our goal of universal health coverage, and to our colleagues in civil society, we recognise the value of partnerships in creating services, that our people have a say in. Finally, to our two most important constituents: our staff and our patients. To our staff, thank you for working on our dream of improving the health and wellness of the people of the Western Cape. Your tireless commitment, through trying times is appreciated, and you have our deepest gratitude. Finally, to our patients, thank you for trusting us, and sharing with us the privilege to be your steward in health.

Conclusion

For the year under review, we have had to live with the polycrisis which is now becoming our reality. This was further exacerbated by the budget cuts and a negative fiscal outlook, against the backdrop of increasing population and burden of disease.


In response to these realities, we have adopted the stakeholder engagement strategy as our key governance approach. We have engaged a range of stakeholders including departmental management teams, civil society, higher education institutions (HEIs), private healthcare sector and organised labour to create a shared understanding of our emerging strategy; to unpack our unfolding financial reality; to general content for our long-term plan (Healthcare 2050) and the new 5-year Strategic Plan; and most importantly, to build relationships of trust with each stakeholder. From these engagements, we got buy-in from stakeholders to work collaboratively with us and have adopted the common agenda framework to guide our efforts with all the stakeholders.

We are embracing an adaptive governance approach which is embodied in our Health Ecosystem Approach. This requires that we align across service delivery, policy and resource strategies and apply collaborative decision-making alongside the current hierarchical decision-making arrangements as well as aligning formally mandated structures with collaborative healthcare ecosystem arrangements.

We are mindful of and committed to whole system transformational leadership and adaptive governance arrangements required within the Department and beyond to address the social determinants of health and ensure our collective goal of the health and wellbeing of the people of the Western Cape.

Approval & Sign-off

The Annual Financial Statements set out on page 207 to 288 have been approved by the Accounting Officer.



Dr Keith Cloete

Head of Department: Western Cape Department of Health and Wellness

31 May 2024

Statement of Responsibility & Confirmation of the Accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout the annual report are consistent.

The annual report is complete, accurate and is free from any omissions.

The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.

The Annual Financial Statements (Part F) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

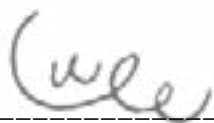
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2024.

Yours faithfully



Dr Keith Cloete

Head of Department: Western Cape Department of Health and Wellness

31 May 2024

Strategic Overview

Vision

Access to person-centred quality care

Mission

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well-managed health system to the people of the Western Cape and beyond

Our Values



Innovation

To be open to new ideas and develop creative solutions to challenges in a resourceful way.



Responsiveness

To serve the needs of our citizens and employees.



Caring

To care for those we serve and work with.



Integrity

To be honest and do the right thing.



Accountability

We take responsibility.



Respect

To be respectful to those we serve and work with.



Competence

The ability and capacity to do the job we were employed to do.

Legislative & Other Mandates

Legislative Mandate

National Legislation

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
 Council for Medical Schemes Levies Act, 1998 (Act No. 131 of 1998)
 Criminal Procedure Act, 1977 (Act No. 51 of 1977)
 Disaster Management Act, 2002 (Act No. 57 of 2002)
 Health Professions Act, 1974 (Act No. 56 of 1974)
 Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)
 Mental Health Care Act, 2002 (Act No. 17 of 2002)
 National Environmental Health Norms and Standards (Notice 1229 of 2015)
 National Health Act (Act No. 61 of 2003)
 National Roads Traffic Act (Act No. 93 of 1996)
 Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)
 Sterilisation Act, 1998 (Act No. 44 of 1998)

Provincial Legislation

Regulations Governing Private Health Establishments, P.N. 187/2001
 Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
 Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
 Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)
 Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)
 Western Cape Health Care Waste Management Act, 2007 (Act No. 7 of 2007)
 Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)
 Western Cape District Health Councils Amendment Act, 2013
 Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
 Western Cape Health Service Fees Act, 2008 (Act No. 5 of 2008)
 Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)
 Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014)

Other Mandates

2019-2024 Provincial Strategic Plan (PSP), 2020

2030 Agenda for Sustainable Development, 2015 (Goal 3)

Healthcare 2030 – The Road to Wellness, 2014

Health is everybody's business: A framework for action over the 2022 Medium-Term Expenditure Framework (MTSF)

National Development Plan (NDP), 2012

Political declaration of the United Nations High-Level meeting on UHC UN UHC Statement, 2019

Revised Medium Term Strategic Framework (MTSF) 2019 - 2024

Western Cape Recovery Plan

Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31 March 2024. See the organogram on page 20 to 21. The budget programme managers are as follow:

Ms N Nkosi, Chief Director: Strategy

Programme 1: Administration

Dr S Kariem, Deputy Director-General: Chief of Operations

Programme 2: District Health Services

Programme 3: Emergency Medical Services

Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Mrs B Arries, Chief Director: People Management

Programme 6: Health Sciences and Training

Dr L Angeletti-du Toit, Chief Director: Infrastructure and Technical Management

Programme 7: Health Care Support Services

Programme 8: Health Facilities Management

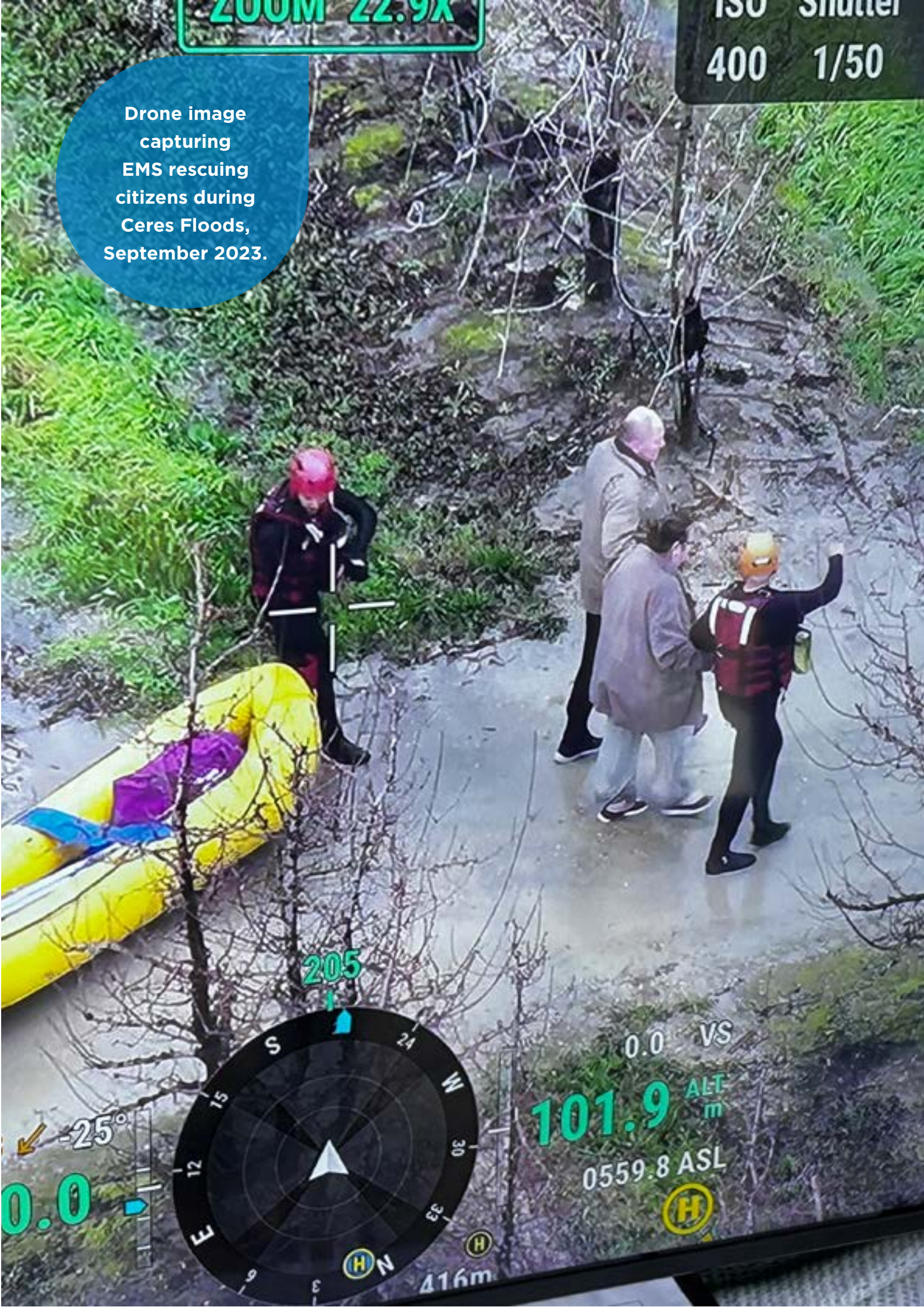
Entities

There are no entities reporting to the Minister.

ZOOM 22.9X

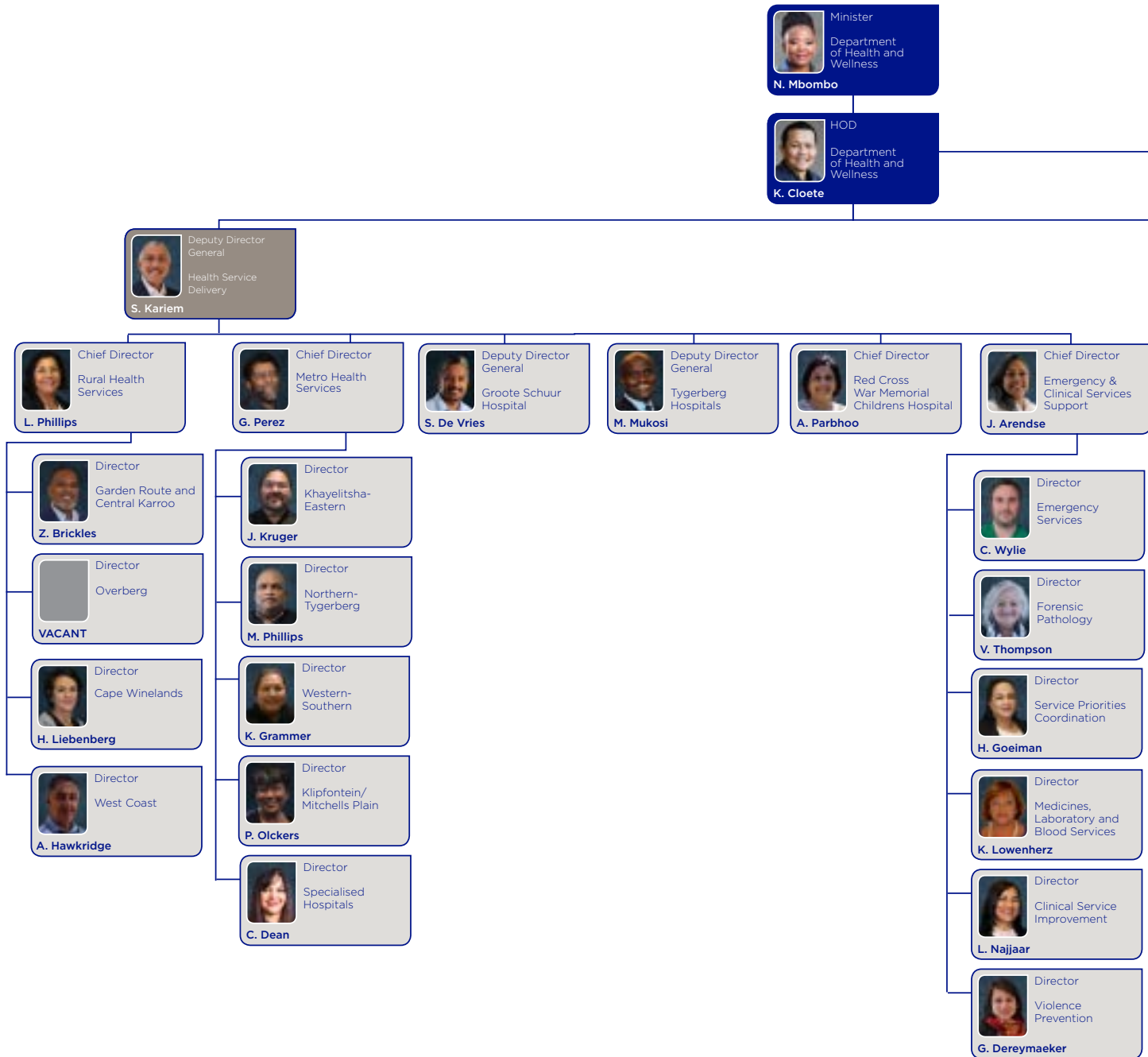
ISO Shutter
400 1/50

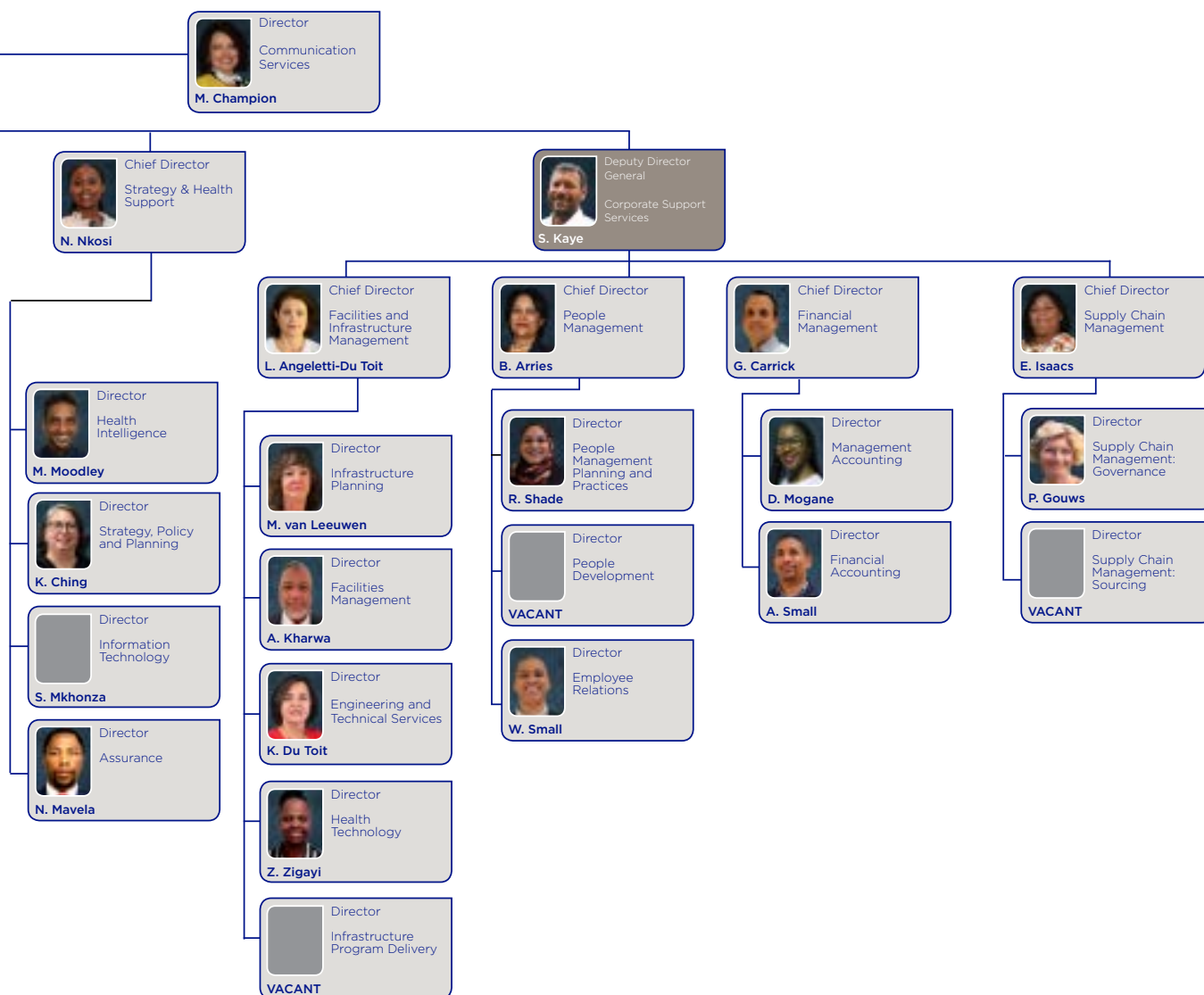
Drone image capturing
EMS rescuing
citizens during
Ceres Floods,
September 2023.



Organisational Structure

As at 31 March 2024





Seventeen health facilities in the Garden Route have established youth zones to encourage youth attendance.





PART B:

Performance Information

Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) performed certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with no material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report. Refer to page 198 of the Report of the Auditor-General, in Part F: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Services Provided

Primary Health Care

The Primary Health Care (PHC) platform serves as the main entry point into the health system and consists of three core service components namely Home- and Community-Based Care (HCBC), Primary Care and Intermediate Care.

Primary Care

Primary Care is ambulatory in nature and covers child, adolescent, adult and geriatric promotive, preventive, curative, rehabilitative and palliative services. This includes maternal care, sexual and reproductive health care, mental health, infectious disease and chronic disease management. The service is driven by clinical nurse practitioners based at fixed (As at March 2024, 255 [184 provincial plus 71 CCT]) and non-fixed (187) facilities throughout the Province. In 2023/24, a total of 11.9 million contacts occurred in Primary Care settings with an additional 6.1 million contacts in home- and community-based care settings, 178 004 learner contacts in schools and 3.1 million chronic disease medicine parcels distributed via the Chronic Dispensing Unit. In addition, the Department is exploring differentiated models of care by increasing telehealth services and partnering with private providers and NPOs to provide contracted services.

Transitional Care

Transitional Care supports the transition of a patient in a safe and timely manner from one level of care to another or from one type of care setting to another. The Transitional Care component facilitates optimal recovery from an acute illness or complications of a long-term condition and prevents premature re-admission. There are 29 inpatient Transitional Care facilities in the Province, which includes provincially managed, provincially aided and Non-Government Organisation (NGO) funded facilities. This equates to 1 029 beds, of which 71% are found in the Metro. These facilities provide post-acute and rehabilitative care, which include comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover, thus enabling users to regain skills and abilities in daily living. Intermediate care supports people in their transition from an acute hospital to the primary living environment and includes palliative and end-of-life care.

Hospital Care

District Hospitals

The 33 district hospitals in the Province provide emergency care, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services, with a total of 3 095 beds. In 2023/24, there were 286 659 inpatient separations, 641 094 outpatients and 735 514 emergency cases seen in district hospitals. The patient day equivalents (as a proxy for service volume provided) achieved was 1 502 517.

Regional Hospitals

Four regional hospitals provide a full package of general specialist services whilst an additional maternity hospital provides maternal and neonatal services. A total of 1 432 beds are available. Collectively, these hospitals had 112 122 inpatient separations, 227 011 outpatients and 168 812 emergency cases seen this year. The patient day equivalents (as a proxy for service volume provided) achieved was 573 636.

Specialised Hospitals

The specialised hospitals category includes six tuberculosis (TB) hospitals, four psychiatric hospitals and one rehabilitation hospital. In 2023/24, there were 885 TB beds available across the Province, and there were 4 027 inpatient separations and 1 780 outpatients seen. With 1 814 beds, psychiatric hospitals saw 6 575 inpatient separations and 31 560 outpatients.

The Western Cape Rehabilitation Centre (WCRC), a 156-bed facility, provided a specialised, comprehensive, multidisciplinary inpatient rehabilitation service to persons with physical disabilities. Specialised outpatient clinics provided services at Urology, Orthopaedics, Plastic Surgery and Specialised Seating clinics. This year, the centre had 774 inpatient separations and saw 2 775 outpatients. A further 6 374 outpatients were seen at the Orthotic and Prosthetic Centre.

Dental Hospital

This service includes primary, secondary, tertiary and quaternary levels of oral health care which is provided on a platform of oral health training complexes which comprises Tygerberg Oral Health Centre, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. The package of care provided on the service platform includes consultation and diagnosis, dental X-rays to aid diagnosis, treatment of pain and sepsis, extractions, oral health education, scaling and polishing, fluoride treatment, fissure sealants, fillings, dentures, crown and bridgework, root canal treatment, orthodontics (fixed band ups), surgical procedures (for management of tumours and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases). This year, there were 129 827 oral health visits across the platform.

Central and Tertiary Hospitals

Tertiary and quaternary services are provided at two central hospitals and one tertiary hospital. The two central hospitals are Groote Schuur Hospital and Tygerberg Hospital. There were 2 393 beds available and this year, they had 112 429 inpatient separations, and saw 573 604 outpatients in outpatient departments and 74 037 patients at emergency centres. The combined bed occupancy rate was 86.2% reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 968 592.

Red Cross War Memorial Children's Hospital is a tertiary hospital and provides specialist paediatric services, with a total of 292 beds. Inpatient separations for 2023/24 amounted to 16 860. Furthermore, 82 205 patients were seen in outpatient departments as well as 34 791 patients in emergency centres. The bed occupancy rate for the hospital for the period under review was 72.7%. The patient day equivalents achieved for the year was 116 524.

These three hospitals provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Emergency Medical Services

The Emergency Medical Services (EMS) consists of ambulance, rescue and patient transport services which are provided from 49 stations (excluding 4 satellite bases) across the Western Cape, with a fleet of 269 ambulances and 1 614 operational personnel. EMS received 755 944 logged incidents in our call centers. A total of 169 311 primary cases were attended to in the Cape Town Metropole and 302 647 primaries were serviced across the rural areas. A total of 187 041 inter facility transfer requests were serviced as requested by our health facilities across the Province. Emergency Medical Services successfully transported 146 600 patients with 34 540 escorts through our Planned Patient Transport Service (HealthNet).

Forensic Pathology

Specialised Forensic Pathology services are rendered via 16 forensic pathology laboratories across the Province responsible for establishing the circumstances and cause surrounding unnatural or undetermined deaths.

In 2023/24, a total of 11 894 incidents were logged, resulting in 11 668 Forensic Pathology Service cases (a 7.25% increase year-on-year) of which 1 308 were deaths of children under 18 years (725 under 5 years). One of the biggest contributors to the increased admissions is homicide with an increase of 10.38% year-on-year. Gunshot fatalities (homicide) fatalities increased by 14.06%. A total of 226 cases were deferred. The average response time achieved across the Province from the time that the incident was logged until the body was received on the scene was 32 minutes.

A total of 43 response vehicles travelled 1 047 772 km for body transportation.

In total, 11 647 cases were opened whilst 10 085 case files were closed (86.59%).

The average number of days from admission to release of a body is 21.61 days (7.10 days excluding paupers). A total of 313 decedents were unidentified at the end of March 2024 whilst 400 decedents were released for pauper burial during the period under review.

The Forensic Toxicology Unit (FTU) within the Forensic Pathology Service received 1 788 post-mortem toxicology cases in 2023/24 (an increase of 48.75%) requiring drugs and/ or carboxyhaemoglobin analysis. All toxicology reports for these cases were concluded expediting communication of cause of death information to families.

2023/24 Services Delivery Challenges

Austerity measures have led to budget cuts, resulting in reduced service provision across the Province, affecting almost all services.

The consequences include:

- Patients experiencing longer wait times for treatment, leading to increased complications requiring more extensive treatment.
- Inability to intervene early in the disease course of patients.
- Closure of hospital wards and beds with heightened strain on the Emergency Centres and leading to longer waiting times for admission.
- Lack of critical resources, such as skilled staff and necessary equipment.
- Increased number of complaints.
- Increased medico-legal risk.
- Reduced efficiencies and adverse effects on other services and health facilities.
- Growing need for intermediate and stepdown beds to expedite patient discharge.
- Moral injury and burnout among some of our staff.
- Staff turnover due to deteriorating working conditions, with short-notice resignations is complicating service planning.
- Difficult communication with patients and communities, regarding reduced and delayed service delivery.

Service delivery was further impacted by load-shedding, requiring additional maintenance to ensure aging generators function properly.

Steps taken to address the challenges include:

- Ongoing expenditure reductions through improved efficiencies and procurement savings are ongoing.
- Prioritising critical staff vacancies to ensure uninterrupted service delivery.
- Income generation through improved patient billing and income generating services.
- A comprehensive Service Redesign process and Clinical Governance review process to ethically, equitably and efficiently create system wide improvements for high-quality service delivery, despite ongoing challenges, is being undertaken.
- A request has been made to Eskom and municipalities to exclude hospitals from load-shedding, and this is gradually being implemented, with several hospitals now being protected from load shedding.
- The Installation of inverters at Primary Care facilities and photo-voltaic system installations at larger hospitals will help reduce the impact of load-shedding.

Rural Health Service (RHS)

Pharmacy Services are spending a significant amount of time removing labels, sorting medicines, and restocking shelves due to a large number of uncollected individualised medication packages.

The Neonatal Unit at George Hospital is facing ongoing overcrowding, leading to a high risk of Hospital Acquired Infections, due to the high bed occupancy rates.

Staff are frustrated with the Electronic Enterprise Content Management (ECM) system as it has improved features but is now more time consuming to use.

The nursing department is currently dealing with a surge in staff turnover, resulting in unpredictable service disruptions.

Steps taken to address the challenges include:

- Pharmacy Services are streamlining the process of reclaiming uncollected medication.
- Strict infection prevention control processes are in place at the George Hospital Neonatal Unit.
- The Electronic Content Management system is being improved.
- Planning of nursing services is factoring in unexpected resignations.

Metro Health Services (MHS)

There remains unrelenting pressure on the inpatient services of all psychiatric hospitals, due to the increased burden of psychiatric disease over the past eight years. District hospitals are also struggling to handle the high number of psychiatric admissions.

The delay in filling vacant psychiatric posts is adding to the service pressures.

Alexandra and Lentegour Psychiatric Hospitals, which have a large stable long-stay population, are facing increased pressure to accept transfers of individuals with Intellectual Disability from district hospitals.

Corrective plastic surgery services are not available in Khayelitsha and Eastern subdistricts, due to a lack of theatres and outreach surgeons.

Steps taken to address the challenges include:

- Task shifting at psychiatric and district hospitals to manage the increased number of psychiatric admissions.
- Providing intensified outreach and support to district psychiatric services.
- Reviewing care models for long-stay stable clients.
- Other hospitals are assisting with providing plastic surgery services.

Emergency and Clinical Service Support (ECSS)

Forensic Pathology Services are facing increasing pressures due to an increase in alleged homicides and the management of unidentified decedents remains a challenge, with 313 bodies remaining unidentified after 30 days, during the past year.

The commissioning of the Observatory Forensic Pathology Institute has been delayed, and only partial commissioning will be achieved in the next financial year, due to funding constraints.

The implementation of a sustainable career pathing model for the Forensic pathology cadre has not been standardised nationally, leading to the disparities in implementation across the country, and resulting in staff dissatisfaction.

Staff who have completed the Emergency Care Assistants (ECA) course, are unable to be promoted, due to the absence of this rank in the current Occupation Specific Dispensation (OSD) structure.

Additionally, an increase in Interfacility Transfer requests has overwhelmed health transport.

Steps taken to address the challenges include:

- Ongoing efforts to integrate with the Home Affairs system to facilitate the identification process of decedents.
- The snags in the commissioning of the Observatory Forensic Pathology Institute are being addressed and partial commissioning is expected in the next financial year.
- Urgent recourse will be sought at National level to ensure uniform implementation and compliance with the court ruling regarding the career pathing for Forensic pathology staff.
- There is a need for National consensus on adjusting the Occupation Specific Dispensation (OSD) structure to accommodate the Emergency Care Assistants (ECA) qualification category.
- The referral pathways between facilities, packages of care offered at health facilities, and transport services need to be re-evaluated and streamlined.

Groote Schuur Hospital (GSH)

Although Groote Schuur is a tertiary hospital, they see a large number of uncomplicated patients in their Emergency Centre, who should be seen at a lower level of care. This places an increased burden on the hospital as these lower acuity patients use up scarce resources.

Groote Schuur is part of the National Referral Network and is obligated to offer various high-cost clinical services to patients from other Provinces, often being the only hospital in the country that provides these services.

Many foreign national patients are referred to Groote Schuur through the public and private hospital system, creating a bottleneck in the system and increasing waiting times for South African patients.

The departure of senior staff particularly nurses, due to retirements, resignations, and transfers to other Provinces, because of the high cost of living in Cape Town and the high crime rate, is having a detrimental effect on the provision of high-quality services.

Steps taken to address the challenges include:

- The emergency care referral pathway needs to be evaluated, along with the packages of care offered at various health facilities.
- Efficient methods for determining the appropriateness of accepting patients and absorbing the cost of treating patients from other Provinces and countries, need to be refined.
- Pro-active strategies for retaining skilled staff need to be developed.

Tygerberg Hospital (TBH)

The inability to fill certain key posts due to budget constraints, has led to longer waiting times, exacerbated service pressures, and has also resulted in moral injury and burn-out among some staff.

Steps taken to address the challenges include:

- The hospital is focusing on service redesign in line with provincial guidance, to ensure coordinated and improved service delivery within the limited budget.
- Revenue generation initiatives are being implemented to supplement government funding for services.

Red Cross War Memorial Children's Hospital (RCWMCH)

Due to attrition of skilled nursing staff in the Theatre Complex and Intensive Care Unit, both Surgical Services and theatre lists had to be de-escalated.

The hospital also experienced vandalism and theft resulting in ongoing lift failures that impact patient care and facility efficiency.

Steps taken to address the challenges include:

- New nurses underwent accelerated orientation, induction and competency assessments, allowing the theatre complex to return to full capacity.
- The Weekend Waiting List Initiative on Saturdays reduced surgical pressure.
- A commissioned emergency centre lift is operational and currently the engineering teams are working on solutions to restore full lift capacity.

Service Delivery Improvement Plan

Background

The National Department of Health (NDoH) initiated the Ideal Clinic (IC) programme as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector.

An Ideal Clinic as defined by NDoH is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support to ensure the provision of quality health services to the community.

Considering the above, the Western Cape Department of Health and Wellness identified Ideal Clinic as an area for service delivery improvement in order for all Western Cape Government clinics to achieve Ideal Clinic status.

Programme Priorities

The programme priority is for all clinics to progressively achieve Ideal Clinic status. Each year, all facilities ought to have a status determination conducted by the District Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM). Each year, districts should identify facilities selected for “scale-up” i.e. those facilities to achieve at least silver status. With each status determination, quality improvement plans are developed to address failed elements.

Monitoring and Evaluation of the Programme

Progress with the Ideal Clinic is monitored quarterly through a web-based application that tracks the various elements on the dashboard.

The application allows managers at all levels (district, provincial and national) to monitor progress made.

Targets and Actual Achievements

Actual Achievement and Targets for Ideal Clinics			
	2021/22	2022/23	2023/24
No. of clinics	265	256	255
No. of clinics with IC status	200	207	222
% of clinics with IC status	76%	81%	87%
Target	84.8%	79.1%	82.3%

Breakdown per Type of Ideal Category for Clinics which Achieved IC Status			
	2021/22	2022/23	2023/24
No. of clinics	265	256	255
No. of clinics with IC status	200	207	222
No. of clinics with silver status	11	1	2
No. of clinics with gold status	23	15	11
No. of clinics with platinum status	166	191	209

Patient Experience of Care

A Patient Experience of Care survey was conducted in quarter two, with an average satisfaction rate of 81% for the fixed clinics and hospitals. This is an improvement on the satisfaction rate achieved in the previous survey of 75%.

Financial year	Target	Actual Performance	Above Target
2023/24	75%	81%	6%

Conclusion

The Western Cape Department of Health and Wellness has embraced the Ideal Clinic Realisation and Maintenance programme as a systematic approach to improving service delivery and quality of care. This is evidenced by the fact that the number of clinics which have achieved Ideal Clinic status well exceeded the targets set for 2022/23 and 2023/24. This is also reflected in the satisfaction rate measured in the patient experience of care survey.

Organisational Environment

Resignations and/or appointments in senior management service

The following changes occurred in the senior management service (SMS) during 2023/24 as a result of attrition:

Terminations and transfers out of WCG: Health and Wellness

- E Vosloo, CEO, Worcester Hospital, 31 May 2023 (Transfer Out)
- VY Dettling, Director, People Development, Head Office, 30 June 2023 (Retirement)
- L Spieringshoek-Martins, Director, Infrastructure Programme Delivery, Head Office, 30 September 2023 (Resignation)
- WM Kamfer, Director, Overberg District, 31 December 2023 (Retirement)
- B Patel, CEO, Groote Schuur Hospital, 31 January 2024 (Retirement)
- SM Roy, Director, Supply Chain Sourcing, Head Office, 1 February 2024 (Transfer Out)

New appointments

- TD Pillay, Director, Project Officer TBH PPP, Head Office, 1 August 2023
- DM Matthew, CEO, Worcester Hospital, 15 January 2024

Promotions and Transfers in

- AS Small, Director, Financial Accounting, Head Office, 1 July 2023
- F Peters, CEO, Western Cape Rehab Centre, 1 August 2023
- G Dereymaeker, Director, Violence Prevention, Head Office, 1 September 2023
- L Saville, CEO, Alexandra Hospital, 1 December 2023
- S De Vries, CEO, Groote Schuur Hospital, 1 February 2024

Organisational Design

Following the macro re-alignment in 2021, the Micro Design Process was initiated to continue aligning the Department at the next levels. The first phase of the Micro Design Process has been completed as of 31 March 2023. Practically, this involved the logical alignment of micro-level components to the approved macro structure to create operational coherence in terms of reporting lines, budget consolidation and team cohesion.

In the new financial year, critical components that require optimisation will be prioritised for organisation design investigations. Key factors taken into consideration for optimisation of functions in the Department are:

- Healthcare 2030
- National Health Insurance (NHI)
- Service Redesign Imperatives
- Budget & Resource Provisioning in terms of fiscal challenges
- Health is Everybody's Business (incorporating the lessons learnt from COVID-19)

Strike Actions

There were no strikes during the reporting period.

Managers Who Lead

Leadership and Management Development

A connected leader is central to our brand and culture journey. Our governance reforms and redesign (Health is everybody's business, 2022) require a paradigm shift from a disproportionate reliance on command and control to a more inclusive, participatory, consensus-building leadership that is responsive and accountable, driving locally led change and decision-making. From narrowly defined assigned roles to embracing wider stewardship roles, and an interdependence with one another in the system, to allow the system to effectively fulfil its purpose and ensure a better quality of care for all and a well-being society.

Strengthening connected leadership and enhancing stewardship capability of managers at all levels in the health system are imperatives for our service redesign journey toward a people-centric, trusted and equitable health system and healthier society. Ethical and effective leadership is a cornerstone of good governance of the health system.

As per our Leadership Development Strategy, our focus remains on the distributed leadership model directed at:

- Developing leaders and teams;
- Embodying the organisational values and behaviours, toward a value-driven organisation;
- Nurture creativity to enable innovation and stimulate new approaches; and
- A system that enables and sustains the development of high performing individuals connecting within teams.

Current leadership training programmes, including the Post Graduate Diplomas in Health Management at the University of Stellenbosch, and the Oliver Tambo Fellowship Health Leadership Programme at the University of Cape Town (UCT), target our emerging leaders to:

- Develop a learning organisation approach building resilience, adaptability, and innovation.
- Connect and collaborate, to ensure alignment of and opportunities to continuously improve the supporting processes, practices, and systems.

The training programmes, the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture of fostering effective communication and listening with empathy.

The following leadership and management development interventions took place in 2023/24:

Leadership and Management Development Interventions	Number Trained
360-degree Leadership	2
3rd African Nursing Conference	2
Coaching for Leadership Development	1
Engaging Leadership Development Program	55
Finance for Non-Financial Managers	9
Intermediate Project Management	4
International Health Economics Association (IHEA) Congress	4
Introduction to Design Thinking	2
Introduction to Leading Change	1
Junior Management Development Programme	55
Listen like a Leader	40
Monitoring and Evaluation	3
Nyukela pre-entry into senior management service	1
Postgraduate Diploma in Health Leadership (OTFP): University of Cape Town	24
Postgraduate Diploma in Health Care Management: University of Stellenbosch	11
Project Management	114
Public Policy Development	3
Supervisory practices for Junior Managers	71
Sustainability Summit Africa	6
Value Driven Leadership	48
Total	456

Key Policy Developments & Legislative Changes

National Policy and Legislative Changes

No policy developments or legislative changes came into effect during the period under review.

Institutional Impacts and Outcomes

The table below provides the baseline and 2025 targets that were set as part of the Department's Strategic Plan 2020 to 2025.²

Impact	In 2025, Western Cape residents will live a longer and healthier life than they did in 2019	
Outcome 1	A Provincial health system that by design supports wellness	
Indicator	Baseline	2025 Target
Life expectancy at birth	68 years	70 years
Outcome 2	The children of the Province have the health resilience to flourish	
Indicator	Baseline	2025 Target
Maternal Mortality Ratio	68.3/100 000	60/100 000
Under-5 mortality Rate	23.3/1000	17/1000
Outcome 3	People with long-term conditions are well managed	
Indicator	Baseline	2025 Target
Anti-retroviral Therapy viral load suppression	82%	90%
Non-communicable diseases (NCDs)	<i>Metrics for an NCD outcome are currently being developed, as the Department refines the design of its NCD interventions.</i>	
Outcome 4	A high-performance provincial health system for people	
Indicator	Baseline	2025 Target
Unqualified audit opinion	Unqualified	Clean Audit
Cultural Entropy ³	17.9%	14%
Access	<i>Metrics for an access outcome is currently being developed as the Department refines its Universal Health Care Strategy 2025.</i>	

Performance Information by Programme

Performance Indicators

Achievement against target is calculated as follows: Performance/Target. Due to many of the Western Cape Department of Health and Wellness indicators being demand driven and performance being impacted by upstream factors in the environment that are outside of the Department's control, the performance is unpredictable. As a result, setting exact targets and achieving exactly 100% of target is not possible in many cases. The Department therefore deems performance within 5% of target as being achieved. The three categories of achievement against target are as follows: Achieved = 95% or more of target achieved; Partially Achieved = 50% or more but less than 95%; Not Achieved = below 50%.

² <https://www.westerncape.gov.za/dept/health/documents/plans/2020/51693>

³ Cultural entropy is the measure of internal dysfunction/discord that causes internal challenges within the organisation. The 2023 Barrett Survey, which was administered to 8 949 employees reported a 15% cultural entropy score for the Department.

Programme 1: Administration

Purpose

To conduct the strategic management and overall administration of the Western Cape Department of Health and Wellness.

Sub-Programme 1.1. Office of the MEC

Rendering advisory, secretarial and office support services.

Sub-Programme 1.2. Management

Policy formulation, overall management and administration support of the Department and the respective districts and institutions within the Department.

Changes to Planned Targets

No changes were made to planned targets.

OUTCOME					
A high-performance provincial health system for people					
Output		Technically efficient provincial health system			
Output Indicator		Audit opinion of Western Cape Department of Health and Wellness			
Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
Clean	Clean	Clean	Unqualified	Clean	Clean
Reasons for deviation The Department maintained and improved its systems of governance and internal controls which resulted in retaining the clean audit outcome.					

Strategies to Overcome Under-Performance

There was no under-performance against the indicator.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	9 788	9 321	467	9 301	9 241	60
Management	970 785	971 252	(467)	1 101 541	1 076 974	24 567
Total	980 573	980 573	-	1 110 842	1 086 215	24 627

The political leadership provided by the Office of the Member of the Executive Committee (MEC) including oversight over the departmental statutory structures, positively contributed to overall governance in the Department. This, coupled with the strategic leadership and whole system governance by the Department's senior management and the critical contribution of administration and frontline staff, the Administration programme spent 100% of its budget after the application of virements.

Programme 2: District Health Services

Purpose

To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services (CBS) to the population of the Western Cape Province.

Sub-Programme 2.1. District Management

Management of district health services (including facility and community-based services), corporate governance (including financial, human resource management and professional support services e.g. infrastructure and technology planning) and quality assurance (including clinical governance).

Sub-Programme 2.2. Community Health Clinics

Rendering a nurse-driven primary health care service at clinic level including visiting points and mobile clinics.

Sub-Programme 2.3. Community Health Centres

Rendering a primary health care service with full-time medical officers, offering services such as: mother and child health, health promotion, geriatrics, chronic disease management, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable disease management, mental health and others.

Sub-Programme 2.4. Community-Based Services

Rendering a community-based health service at non-health facilities in respect of home-based care, community care workers, caring for victims of abuse, mental- and chronic care, school health, etc.

Sub-Programme 2.5. Other Community Services

Rendering environmental and port health services (port health services have moved to the National Department of Health).

Sub-Programme 2.6. HIV and AIDS

Rendering a primary health care services in respect of HIV/AIDS campaigns.

Sub-Programme 2.7. Nutrition

Rendering a nutrition service aimed at specific target groups, combining direct and indirect nutrition interventions to address malnutrition.

Sub-Programme 2.8. Coroner Services

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death (note these services are reported under Sub-Programme 7.3).

Sub-Programme 2.9. District Hospitals

Rendering of a district hospital service at sub-district level.

Sub-Programme 2.10. Global Fund

Strengthen and expand the HIV and AIDS prevention, care and treatment programme.

District Health Services

Changes to Planned Targets

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	92.6%	97.3%	98.2%	96.5%	87.1%	(9.4%)
N	983	1 381	2 201	1 540	928	(612)
D	1 061	1 420	2 241	1 596	1 065	531
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current budget and service pressures being experienced the target was revised accordingly.						

Performance Indicators

OUTCOME		A provincial health system that by design supports wellness				
Output		Service redesign				
Output Indicator		Management endorsed prevention strategy by 2020-2025				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	Approved strategy	Endorsed strategy	Embed Strategy through stakeholder engagement	Embed Strategy through stakeholder engagement	-
Reasons for deviation Target achieved.						
OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	74.1%	74.2%	80.6%	6.5%
N	New indicator	New indicator	780 153	722 944	776 294	53 350
D	New indicator	New indicator	1 052 657	974 936	962 780	(12 156)
Reasons for deviation Target achieved. Performance better than planned with higher satisfaction rate, which can probably be attributed to the continuous improvements made as a result of the Ideal Clinic and Ideal Hospital assessments.						
Note Figures before rounding off: Target: 74.15% Actual achievement 80.63% resulting in a 6.48% deviation from target.						

Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	92.6%	97.3%	98.2%	90.16%	97.19%	7.03%
N	983	1 381	2 201	1 439	2 078	639
D	1 061	1 420	2 241	1 596	2 138	(542)
Reasons for deviation Target achieved. Performance better than planned with a higher case closure rate in line with previous years reporting rates. It was anticipated that the current budget constraints would have an impact on staff and facilities' ability to resolve patient safety incidents timeously, however, the impact of this is not yet reflected in the performance. Timeous response and rapid resolution of incidents have contributed to the improved performance in this indicator.						
Note Budget constraints may impact in future on staff and facilities' ability to resolve patient safety incidents timeously.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	64.0%	50.0%	63.1%	67.82%	71.78%	3.96%
N	48	20	217	59	262	203
D	75	40	344	87	365	(278)
Reasons for deviation Target achieved. Performance better than planned with higher rate of reported incidents. Ongoing training and awareness initiatives may have contributed to the improved performance.						
Note The numerator and denominator targets were set conservatively prior to the finalisation of the performance for 2022/23 however, the overall performance is still an improvement.						
Output Indicator		Ideal clinic status obtained rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	Not reported	75.5%	80.9%	82.6%	87.1%	4.4%
N	Not reported	200	207	214	222	8
D	Not reported	265	256	259	255	(4)
Reasons for deviation Target achieved. Performance better than planned with a higher rate of facilities obtaining Ideal Clinic status. Improvement in the scoring methodology has contributed to this positive achievement.						
Note Alphen Clinic, Elands Bay Clinic and Wupperthal Clinic closed and opened as satellites. Chatsworth Clinic and Abbotsdale Clinic opened hence a decrease of 1 clinic from previous financial year of 256 to 255. Figures before rounding off: Target: 82.63% Actual achievement 87.06% resulting in a 4.43% deviation from target.						

Strategies to Overcome Under-Performance

No underperformance reported in this sub-programme.

Primary Health Care

Changes to Planned Targets

OUTCOME		All children in the Province have the health resilience to flourish				
Output		Women's health services				
Output Indicator		Antenatal 1st visit before 20 weeks rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	70.6%	72.6%	74.3%	74.8%	74.0%	(0.8%)
N	75 756	75 814	75 064	79 303	34 589	(44 714)
D	107 250	104 478	101 053	105 980	46 755	(59 225)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
Output Indicator		Delivery in 10 to 19 years in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	11.0%	11.5%	11.5%	11.0%	11.6%	(0.6%)
N	11 155	11 084	10 430	10 701	5 129	5 572
D	101 055	96 319	90 631	97 358	44 134	(53 224)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						
Output Indicator		Couple year protection rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	48.3%	56.9%	50.2%	55.0%	51.6%	(3.4%)
N	922 098	1 104 549	991 110	1 106 271	534 239	(572 032)
D	1 907 810	1 940 948	1 975 502	2 011 141	1 034 792	(976 349)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						

Output Indicator		Maternal mortality in facility ratio				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	78.3	66.9	62.3	51.02	52.50	(1.48)
N	82	67	58	50	24	26
D	1.047	1.001	0.931	0.982	0.457	(0.525)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The annual target was revised to more closely align with the target setting tool calculation revisions, as part of factoring budget pressures.						
Output		Child health services				
Output Indicator		Infant 1st PCR test positive around 6 months rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	0.69%	0.64%	0.05%
N	New Indicator	New Indicator	New Indicator	27	5	22
D	New Indicator	New Indicator	New Indicator	3 915	786	(3 129)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
Output Indicator		HIV test positive around 18 months rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	0.09%	0.28%	(0.19%)
N	New Indicator	New Indicator	New Indicator	18	38	(20)
D	New Indicator	New Indicator	New Indicator	20 681	13 730	(6 951)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
Output Indicator		Immunisation under 1-year coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	82.9%	83.2%	75.7%	75.7%	66.3%	(9.4%)
N	91 343	91 482	84 637	95 629	42 715	(52 914)
D	110 196	109 948	111 856	126 390	64 470	(61 920)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						

Output Indicator		Measles 2nd dose coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	78.1%	79.2%	77.7%	74.4%	69.7%	(4.7%)
N	86 926	87 614	85 709	90 341	43 266	(47 075)
D	111 304	110 684	110 314	121 435	62 109	(59 326)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		Vitamin A 12-59 months coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	41.5%	49.7%	55.1%	59.4%	45.9%	(13.5%)
N	376 291	448 687	492 947	555 492	209 725	(345 767)
D	906 788	902 142	895 218	934 856	456 861	(477 995)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		Neonatal death in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	8.5	8.0	9.4	8.02	8.18	(0.16)
N	870	765	839	753	358	395
D	100.48	95.86	89.22	93.85	43.75	(50.10)

Reasons for deviation: The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The revision was primarily informed by emergent socio-economic factors that impact service delivery.

Output Indicator		ART child remain in care rate (12 months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	62.3%	61.1%	60.2%	66.8%	60.7%	(6.1%)
N	480	400	373	398	201	(197)
D	770	655	620	596	331	(265)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		ART child viral load suppressed rate (12 months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	67.2%	41.0%	(26.2%)
N	New Indicator	New Indicator	New Indicator	119	34	(85)
D	New Indicator	New Indicator	New Indicator	177	83	(94)
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
OUTCOME		People with long-term conditions are well managed				
Output		HIV/AIDS, STI and tuberculosis (TB) services				
Output Indicator		ART adult remain in care rate (12 months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	56.3%	55.9%	53.3%	58.3%	53.3%	(5.0%)
N	22 177	17 240	16 555	16 451	8 356	(8 095)
D	39 403	30 816	31 075	28 218	15 686	(12 532)
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
Output Indicator		ART adult viral load suppressed rate (12 Months)				
Audited Actual Performance 2020/21	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	92.3%	70.2%	(22.1)
N	New Indicator	New Indicator	New Indicator	5 507	2 205	(3 302)
D	New Indicator	New Indicator	New Indicator	5 965	3 141	(2 824)
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						
Output Indicator		HIV positive 15–24 years (excl. ANC) rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	1.7%	1.4%	1.3%	1.33%	1.23%	0.10%
N	5 224	5 342	5 207	5 410	2 223	3 187
D	304 028	387 640	408 367	406 734	180 450	(226 284)
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						

Output Indicator		All DS-TB client death rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	3.9%	4.3%	4.0%	4.03%	3.56%	0.47%
N	1 550	1 407	1 420	1 499	793	706
D	40 240	32 778	35 090	37 174	22 285	(14 889)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		All DS-TB client LTF rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	18.6%	17.1%	19.3%	15.48%	24.95%	(9.47%)
N	7 468	5 603	6 777	5 755	5 381	374
D	40 240	32 778	35 090	37 174	21 563	(15 611)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		All DS-TB client treatment success rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	76.5%	77.3%	75.4%	78.81%	73.74%	(5.07%)
N	30 769	25 327	26 466	29 296	15 900	(13 396)
D	40 240	32 778	35 090	37 174	21 563	(15 611)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets: *The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.

Output Indicator		TB Pre-XDR treatment success rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	58.46%	45.60%	(12.86%)
N	New Indicator	New Indicator	New Indicator	38	31	(7)
D	New Indicator	New Indicator	New Indicator	65	68	3

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*Due to the current budget and service pressures being experienced the target was revised accordingly.

Output Indicator		TB Pre-XDR loss to follow up rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	15.38%	26.5%	(9.62%)
N	New Indicator	New Indicator	New Indicator	10	18	(8)
D	New Indicator	New Indicator	New Indicator	65	68	3
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The current budget pressures have implications for the District Health System's ability to provide health care and thus this target was adjusted accordingly.						

Performance Indicators

OUTCOME		All children in the Province have the health resilience to flourish				
Output		Women's health services				
Output Indicator		Antenatal 1st visit before 20 weeks rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	70.6%	72.6%	74.3%	74.00%	73.88%	(0.12%)
N	75 756	75 814	75 064	74 740	70 755	(3 985)
D	107 250	104 478	101 053	101 000	95 774	(5 226)
Reasons for deviation						
Target achieved with pregnant women seeking antenatal care earlier in their pregnancy. It was anticipated that the current budget constraints would have an impact on performance, however, the impact of this has not yet materialised.						
Note						
The year-on-year reduction in antenatal visits (which is also reflected in the number of deliveries) should however be noted.						
Output Indicator		Mother postnatal visit within 6 days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	55.4%	59.0%	62.4%	61.5%	60.9%	(0.6%)
N	55 985	56 830	56 512	59 895	52 872	(7 023)
D	101 055	96 319	90 631	97 358	86 831	(10 527)
Reasons for deviation						
Target achieved. The year-on-year reduction in deliveries should be noted.						
Output Indicator		Delivery in 10 to 19 years in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	11.0%	11.5%	11.5%	12.0%	11.3%	0.7%
N	11 155	11 084	10 430	11 683	9 852	1 831
D	101 055	96 319	90 631	97 358	86 831	(10 527)
Reasons for deviation						
A positive performance as fewer adolescents delivered in health facilities this year than expected and compared to previous years which may be as a result of targeted youth programmes and continued roll out of adolescent and youth friendly services.						

Output Indicator		Couple year protection rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	48.3%	56.9%	50.2%	50.0%	53.1%	3.1%
N	922 098	1 104 549	991 110	1 005 571	1 068 490	62 919
D	1 907 810	1 940 948	1 975 502	2 011 141	2 011 141	-
Reasons for deviation: A positive performance as protection rate higher than planned and better than last year. The biggest contributor to “contraceptive years equivalent” is male condom distribution which showed a significant increase this year. Several factors contributed to this, including a focus on specific populations (e.g. seasonal workers) and support from non-profit partners with the identification and distribution of condoms in areas where it is needed.						
Output Indicator		Maternal mortality in facility ratio				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	78.3	66.9	62.3	50.92	50.22	0.70
N	82	67	58	50	45	5
D	1.047	1.001	0.931	0.982	0.896	(0.086)
Reasons for deviation A positive performance as maternal mortality rate is lower than anticipated. There was a significant increase in maternal deaths during the COVID-19 pandemic because COVID infection carries with it a higher risk of maternal death and foetal complications. This year, however, as the epidemic has waned figures are returning to pre-COVID levels. The impact of COVID-19 could not have been predicted and similarly, the improvement seen this year.						
Output		Child health services				
Output Indicator		Infant 1st PCR test positive at birth rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.8%	0.8%	0.9%	0.8%	0.8%	0.1%
N	132	122	122	121	98	23
D	16 857	15 189	13 861	14 291	13 033	1 258
Reasons for deviation Target achieved.						
Note Figures before rounding off: Target: 0.847% Actual achievement 0.752% resulting in a 0.095% deviation from target.						
Output Indicator		Infant 1st PCR test positive around 6 months rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	New indicator	1.58%	0.36%	1.22%
N	New indicator	New indicator	New indicator	24	8	16
D	New indicator	New indicator	New indicator	1 518	2 217	(699)
Reasons for deviation This is a new indicator which was introduced this year with targets being estimated and facilities adapting to new reporting processes.						
Note New indicator introduced in financial year 2023/24.						

Output Indicator		HIV test positive around 18 months rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	New indicator	1.30%	0.31%	0.99%
N	New indicator	New indicator	New indicator	190	86	104
D	New indicator	New indicator	New indicator	14 615	27 699	(13 084)
Reasons for deviation This is a new indicator which was introduced this year with targets being estimated and facilities adapting to new reporting processes.						
Note New indicator introduced in Financial year 2023/24.						
Output Indicator		Immunisation under 1-year coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	82.9%	83.2%	75.7%	66.0%	67.6%	1.6%
N	91 343	91 482	84 637	83 418	85 428	2 010
D	110 196	109 948	111 856	126 390	126 390	-
Reasons for deviation Performance better than planned with more children fully immunised, various awareness campaigns and local catch-up initiatives may have contributed to this. There is evidence of increased vaccine hesitancy due to Covid anti-vaccine lobbying now influencing child vaccinations.						
Output Indicator		Measles 2nd dose coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	78.1%	79.2%	77.7%	70.0%	69.9%	(0.1%)
N	86 926	87 614	85 709	85 005	84 939	(66)
D	111 304	110 684	110 314	121 435	121 435	-
Reasons for deviation Target achieved, various awareness campaigns and local catch-up initiatives may have contributed to this. There is evidence of increased vaccine hesitancy due to Covid anti-vaccine lobbying now influencing child vaccinations.						
Output Indicator		Vitamin A 12-59 months coverage				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	41.5%	49.7%	55.1%	44.0%	46.2%	2.2%
N	376 291	448 687	492 947	411 337	431 942	20 605
D	906 788	902 142	895 218	934 856	934 856	-
Reasons for deviation Performance better than planned with higher coverage, various awareness campaigns and local catch-up initiatives may have contributed to this.						

Output Indicator		Neonatal death in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	8.5	8.0	9.4	8.21	8.66	(0.45)
N	870	765	839	713	744	(31)
D	100.48	95.86	89.22	86.85	85.92	(0.93)

Reasons for deviation

More deaths were reported than anticipated, however still lower when compared to previous years. The lower birth rate also contributed to the target being partially achieved. In addition, possible contributing factors are an increase in premature births in some areas, late 'health seeking' behaviours of some patients, more birth complications reported from some areas, a high born-before-arrival rate in some rural areas, and an increase in low-birth-weight babies.

Output Indicator		ART child remains in care rate (12 months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	62.3%	61.1%	60.2%	52.88%	61.93%	9.05%
N	480	400	373	404	366	(38)
D	770	655	620	764	591	173

Reasons for deviation

Positive performance as more children remained on Antiretroviral Therapy. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appears to be showing some positive results.

Output Indicator		ART child viral load suppressed rate (12 months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	40.0%	37.6%	(2.4%)
N	New Indicator	New Indicator	New Indicator	52	50	(2)
D	New Indicator	New Indicator	New Indicator	130	133	3

Reasons for deviation

Target partially achieved. Socio-economic influences continue to impact child health and treatment adherence. There are ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence.

Note

New indicator (viral load suppression level reduced to under 50 resulting in a new indicator).

OUTCOME		People with long-term conditions are well managed				
Output		HIV/AIDS, STI and tuberculosis (TB) services				
Output Indicator		ART adult remain in care rate (12 months)				
	Audited Actual Performance 2021/22	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	56.3%	55.9%	53.3%	49.0%	52.7%	3.7%
N	22 177	17 240	16 555	16 660	16 059	(601)
D	39 403	30 816	31 075	34 000	30 497	(3 503)

Reasons for deviation

Target achieved. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appears to be showing some positive results.

Output Indicator		ART adult viral load suppressed rate (12 Months)				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	66.0%	71.7%	5.7%
N	New Indicator	New Indicator	New Indicator	3 274	3 691	417
D	New Indicator	New Indicator	New Indicator	4 960	5 148	188

Reasons for deviation

Target achieved. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appears to be showing some positive results.

Note

New indicator (viral load suppression level changed to under 50 resulting in a new indicator).

Output Indicator		HIV positive 15–24 years (excl. ANC) rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	1.7%	1.4%	1.3%	1.49%	1.40%	0.09%
N	5 224	5 342	5 207	5 278	5 149	129
D	304 028	387 640	408 367	351 867	368 784	16 917

Reasons for deviation

Performance better than planned with lower positivity rate, possibly influenced by the continued roll out of adolescent and youth friendly services implementation and partnerships with non-profit partners for demand creation and awareness. Expansion of access to testing is inclusive of both facility-based testing and community via outreach.

Output Indicator		All DS-TB client death rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	3.9%	4.3%	4.0%	4.30%	3.51%	0.79%
N	1 550	1 407	1 420	1 832	1 606	226
D	40 240	32 778	35 090	42 600	45 755	3 155

Reasons for deviation

Target achieved as death rate was lower than anticipated. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appear to be having positive results. Due to various partner supported initiatives more clients were identified and initiated on treatment compared to previous financial year.

Output Indicator		All DS-TB client loss to follow up (LTF) rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	18.6%	17.1%	19.3%	21.00%	23.09%	(2.09%)
N	7 468	5 603	6 777	8 946	10 314	(1 368)
D	40 240	32 778	35 090	42 600	44 664	2 064

Reasons for deviation

Target partially achieved. Initiatives with non-profit partners and community interventions to encourage treatment adherence are ongoing to try to keep patients in care, however, socio-economic influences and ability to trace patients continue to provide challenges. Due to various partner supported initiatives more clients were identified and initiated on treatment compared to previous financial year.

Output Indicator		All DS-TB client treatment success rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	76.5%	77.3%	75.4%	74.00%	74.56%	0.56%
N	30 769	25 327	26 466	31 524	33 302	1 778
D	40 240	32 778	35 090	42 600	44 664	2 064
Reasons for deviation Target achieved. Socio-economic influences and ability to trace patients continue to provide challenges. Due to various partner supported initiatives more clients were identified and initiated on treatment compared to previous financial year and there are ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence which appears to be having a positive effect.						
Output Indicator		TB Rifampicin resistant/Multidrug - Resistant treatment success rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	51.7%	53.7%	2.0%
N	New Indicator	New Indicator	New Indicator	669	669	-
D	New Indicator	New Indicator	New Indicator	1 294	1 245	(49)
Reasons for deviation Target achieved with a higher treatment success rate. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appear to be having a positive effect.						
Output Indicator		TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	24.3%	26.1%	(1.8%)
N	New Indicator	New Indicator	New Indicator	314	325	(11)
D	New Indicator	New Indicator	New Indicator	1 294	1 245	(49)
Reasons for deviation Target partially achieved. Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appear to be having a positive effect.						
Output Indicator		TB Pre-XDR treatment success rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	40.00%	45.67%	5.67%
N	New Indicator	New Indicator	New Indicator	52	58	6
D	New Indicator	New Indicator	New Indicator	130	127	(3)
Reasons for deviation Target achieved with treatment success rate higher than planned. Socio-economic influences and ability to trace patients continue to pose challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appear to be having a positive effect.						

Output Indicator		TB Pre-XDR loss to follow up rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	New Indicator	24.62%	27.56%	(2.94%)
N	New Indicator	New Indicator	New Indicator	32	35	(3)
D	New Indicator	New Indicator	New Indicator	130	127	(3)
Reasons for deviation Target partially achieved with loss to follow up rate higher than planned. Socio-economic influences and ability to trace patients continue to pose challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appear to be having a positive effect.						

Strategies to Overcome Under-Performance

- Neonatal death in facility rate

While the number of deaths was more than expected, the number of neonatal deaths has been decreasing over the last four financial years. The lower-than-expected births (denominator) has an impact on the overall performance of this indicator. Possible contributing factors are an increase in premature births in some areas, late “health seeking” behaviours of some patients, more birth complications reported from some areas, a high born-before-arrival rate in some rural areas, and an increase in low-birth-weight babies. Strategies to overcome under-performance include increasing the capacity of health workers to implement “Helping Babies Breathe” and the Essential Steps in the Management of Obstetric Emergencies (ESMOE), as well as awareness campaigns to encourage mothers to seek care as early as possible when they suspect that they are pregnant or to confirm their pregnancy. Early contact and regular contact with the health service will allow early identification of at-risk mothers and babies.

- ART child viral load suppressed rate, below 50 (12 months)

Socio-economic challenges (which also impact on health-seeking behaviour) and unreliable client contact details continue to affect the Department’s ability to trace patients. The Department is continuing its investigation into ways to improve patient tracing using electronic tools. There are ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence. Clinicians are conducting folder audits to review children who do not have satisfactory suppression rates and ensuring that they are linked to care and retained in care.

- DS-TB and DR-TB client LTF rate

Socio-economic influences and ability to trace patients continue to provide challenges. Unreliable contact details (including address, telephone, or mobile numbers, etc.) impacts our ability to trace clients. The Department is continuing initiatives to improve patient tracing using electronic tools.

The TB recovery plan, specifically the implementation of Targeted Universal TB Testing (TUTT) is intended to improve early detection and initiation on treatment.

In some areas, retention of staff and rotation of staff due to staff shortages impacted on the continuation of care. Strengthening referral pathways and linkage to care have been identified as departmental priorities. In some rural areas, access to non-profit organisation supporting partners will help to address this. A referral system for hospitalised patients who have been discharged to facilitate community based follow up is being rolled out within the Province to improve better linkage to care and follow-up.

District Hospitals

Changes to Planned Targets

OUTCOME All children in the Province have the health resilience to flourish						
Output		Child Health services				
Output Indicator		Live births under 2500g in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	11.0%	11.1%	11.4%	10.7%	11.9%	1.2%
N	4 227	4 209	4 078	4 015	2 131	(1 884)
D	38 567	37 846	35 810	37 622	17 922	(19 700)

Reasons for deviation

The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The revision was primarily informed by emergent socio-economic factors that impact service delivery.

Output Indicator		Death under 5 years against live birth rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	1.1%	1.2%	1.3%	1.18%	1.19%	(0.01%)
N	1 150	1 117	1 184	1 106	520	586
D	100 482	95 862	89 217	94 097	43 750	(50 347)

Reasons for deviation

The actual achievement reflected in the table is the performance achieved as at quarter two. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The revision was primarily informed by emergent socio-economic factors that impact service delivery.

OUTCOME A high-performance provincial health system for people						
Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	3.5	3.6	3.6	3.55	3.72	(0.17)
N	863 124	996 248	1 038 889	1 062 256	537 112	525 144
D	245 553	275 166	291 492	299 277	144 579	154 698

Reasons for deviation

The actual achievement reflected in the table is the performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.

Reason for revisions to the Output/ Output indicators/ Annual Targets

*The revision was primarily informed by emergent socio-economic factors that impact service delivery.

Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	78.5%	90.0%	92.8%	90.6%	95.3%	(4.7%)
N	863 124	996 248	1 038 889	1 062 256	537 112	525 144
D	1 099 561	1 107 440	1 119 578	1 172 387	563 318	(609 069)
Reasons for deviation The actual achievement reflected in the table is the performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						

Performance Indicators

OUTCOME All children in the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator		Live births under 2500g in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	11.0%	11.1%	11.4%	12.0%	11.9%	0.1%
N	4 227	4 209	4 078	4 154	4 185	(31)
D	38 567	37 846	35 810	34 613	35 072	459
Reasons for deviation Target achieved.						
Output Indicator		Child under 5 years diarrhoea case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.18%	0.32%	0.32%	0.31%	0.27%	0.03%
N	7	22	21	14	18	(4)
D	3 880	6 804	6 510	4 582	6 625	(2 043)
Reasons for deviation Performance better than planned with lower fatality rate compared to previous years. Although there were (4) more diarrhoea deaths than anticipated, the increase in diarrhoea separations (admissions) resulted in a lower fatality rate.						
Note Although reported under District Hospitals this indicator includes all inpatient facilities i.e. District, Regional, Tertiary and Central Hospitals and CHC's. Figures before rounding off: Target: 0.306% Actual achievement 0.274% resulting in a 0.032% deviation from target.						

Output Indicator		Child under 5 years pneumonia case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.10%	0.20%	0.11%	0.23%	0.28%	(0.06%)
N	20	26	40	22	34	(12)
D	8 733	11 118	16 879	9 670	11 989	(2 319)

Reasons for deviation

Target partially achieved, although fewer deaths reported than last year. The number of pneumonia deaths as well as pneumonia separations (admissions) decreased from last year. Over the previous 3 financial years, paediatric services experienced a surge in pneumonia, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity.

Note

Although reported under District Hospitals this indicator includes all inpatient facilities i.e. District, Regional, Tertiary and Central Hospitals and CHCs. Figures before rounding off: Target: 0.228% Actual achievement 0.284% resulting in a -0.056% deviation from target.

Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	New indicator	2.57%	2.02%	0.55%
N	New indicator	New indicator	New indicator	13	10	3
D	New indicator	New indicator	New indicator	505	494	11

Reasons for deviation

Performance better than planned with lower case fatality rate. The long-term socio-economic impact of the COVID-19 pandemic did not have the expected impact on the performance of this indicator, community initiatives (Whole of Society Approach "WOSA") likely contributed to this.

Note

Although reported under District Hospitals this indicator includes all inpatient facilities i.e. District, Regional, Tertiary and Central Hospitals and CHCs.

Figures before rounding off: Target: 2.574% Actual achievement 2.024% resulting in a 0.550% deviation from target.

Output Indicator		Death under 5 years against live birth rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	1.1%	1.2%	1.3%	1.18%	1.22%	(0.04%)
N	1 150	1 117	1 184	1 025	1 049	(24)
D	100 482	95 862	89 217	86 900	85 922	(978)

Reasons for deviation

Target achieved, as demand on services cannot be 100% predicted the slight deviation is considered by the Department as having achieved target. The decrease in deliveries and (live) births mentioned earlier impacts on the performance for this indicator. Slightly more deaths under 5 years occurred than was anticipated.

Note

Although reported under District Hospitals this indicator includes all inpatient facilities i.e. District, Regional, Tertiary and Central Hospitals and CHCs.

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	88.6%	94.4%	92.7%	93.6%	96.7%	3.1%
N	575	759	995	924	1 238	314
D	649	804	1 073	987	1 280	293
Reasons for deviation Positive performance as there were more complaints resolved within 25 working days than anticipated. Ongoing training and awareness initiatives may have contributed to the improved performance.						
Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	3.5	3.6	3.6	3.84	3.64	0.20
N	863 124	996 248	1 038 889	1 108 990	1 043 648	65 342
D	245 553	275 166	291 492	288 948	286 659	2 289
Reasons for deviation Performance better than planned with lower average length of stay. The Province anticipated a higher length of stay due to anticipated higher acuity levels in patients, however clients spent fewer days in hospital which is in line with previous year's performance.						
Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	78.5%	90.0%	92.8%	94.6%	92.5%	2.1%
N	863 124	996 248	1 038 889	1 108 990	1 043 648	65 342
D	1 099 561	1 107 440	1 119 578	1 172 387	1 128 217	(44 170)
Reasons for deviation A slight reduction in bed occupancy than anticipated as a result of a shorter length of stay than anticipated. Performance is positive but bed pressures are persistently unpredictable and unrelenting. This is a concern with the current fiscal challenges.						

Strategies to Overcome Under-Performance

- Child under 5 years pneumonia case fatality rate

Over the previous three financial years, paediatric services experienced a surge in pneumonia, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity.

Home- and community-based services and facility staff will continue with training in the community and at primary health care facilities to ensure mothers and/or caregivers recognise danger signs and seek health care timeously. The knock-on effect of COVID-19 will be mitigated over time as and when social conditions improve.

Seasonal outbreaks of respiratory infections vary in incidence and severity every year so variations in pneumonia death rates are expected. Monitoring of care for children with respiratory infections will continue to minimise mortality. It is heartening to note that 2023/24 showed a decrease in both pneumonia deaths as well as pneumonia separations (admissions) compared to the previous financial year.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Management	492 259	442 161	50 098	445 992	400 239	45 753
Community Health Clinics	1 737 761	1 741 102	(3 341)	1 618 980	1 620 896	(1 916)
Community Health Centres	2 992 060	2 919 357	72 703	2 765 384	2 701 133	64 251
Community-Based Services	481 153	476 571	4 582	480 410	476 128	4 282
Other Community Services	1	-	1	198 475	198 474	1
HIV/AIDS	1 856 320	1 857 026	(706)	1 944 318	1 942 368	1 950
Nutrition	60 265	71 448	(11 183)	60 652	65 321	(4 669)
Coroner Services	1	-	1	1	-	1
District Hospitals	4 558 458	4 647 908	(89 450)	4 536 300	4 632 262	(95 962)
Global Fund	1	-	1	1	-	1
Total	12 178 279	12 155 573	22 706	12 050 513	12 036 821	13 692

This programme's level of under-spending is within acceptable norms.

Stringent financial measures were implemented during the financial year to ensure the Department stays within budget. This included the rationalisation of services and freezing of posts which resulted in the savings in the programme. The additional workload (due to vacancies) on remaining clinical and support staff, in turn, impacted on performance.

In terms of Goods and Services, centrally negotiated contracts do not always take the local budget impact into consideration, e.g. cleaning, security, waste management, etc. Electronic procurement systems and contracts are often more expensive than local procurement. In addition, vacant corporate services posts pose a procurement/payment risk for the Department.

Furthermore, a reduction in the budget poses a risk to the Departments' ability to provide the necessary equipment (including vehicles, ultrasound scanners, computers, printers, etc.) and consumables (nappies, dressings, needles, syringes, blood gas cartridges, chest drains, diesel, food, drugs, etc.) to the frontline which again will impact the quality of clinical service delivery.

Programme 3: Emergency Medical Services

Purpose

To render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport, including clinical governance and co-ordination of emergency medicine within the Department of Health and Wellness.

Sub-Programme 3.1: Emergency Transport

To render emergency medical services including ambulance services, special operations, communications and air ambulance services.

Sub-Programme 3.2: Planned Patient Transport

To render planned patient transport including local outpatient transport (within the boundaries of a given town or local area) and inter-city or town outpatient transport (into referral centres).

Changes to Planned Targets

OUTCOME						
A high-performance provincial health system for people						
Output		Accessible health services				
Output Indicator		EMS P1 urban response under 15 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	36.2%	29.9%	24.6%	43.0%	22.7%	(20.3%)
N	33 651	8 736	7 980	11 477	8 322	(3 155)
D	93 081	29 217	32 396	26 691	36 618	9 927
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The current budget pressures are negatively impacting EMS capacity and thus the target was adjusted accordingly.						
Output Indicator		EMS P1 urban response under 30 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	65.7%	58.7%	53.2%	67.0%	51.2%	(15.8%)
N	61 178	17 161	17 234	17 883	18 752	869
D	93 081	29 217	32 396	26 691	36 618	9 927
Reasons for deviation: The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The current budget pressures are negatively impacting EMS capacity and thus the target was adjusted accordingly.						

Output Indicator		EMS P1 rural response under 60 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	88.1%	78.3%	76.5%	90.0%	77.7%	(12.3%)
N	6 911	2 056	1 969	2 077	2 079	2
D	7 846	2 626	2 573	2 307	2 677	370
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The current budget pressures are negatively impacting EMS capacity and thus the target was adjusted accordingly.						
Output Indicator		EMS incident mission time under 120 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	55.8%	52.3%	50.2%	57.0%	50.5%	(6.5%)
N	311 801	323 357	80 023	87 904	75 550	(12 354)
D	558 723	618 352	159 318	154 218	149 558	(4 660)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The current budget pressures are negatively impacting EMS capacity and thus the target was adjusted accordingly.						

Performance Indicators

OUTCOME		A high-performance provincial health system for people				
Output		Accessible health services				
Output Indicator		EMS P1 urban response under 15 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	36.2%	29.9%	24.6%	21.8%	20.9%	(0.9%)
N	33 651	8 736	7 980	8 111	7 173	(938)
D	93 081	29 217	32 396	37 159	34 282	(2 877)
Reasons for deviation Target achieved. The performance trends are in line with our ability to roster and service the current demand. Continuous efforts to improve efficiency and effectiveness, within the operational environment, is ongoing. Specific focus is placed on the identification and appropriate response to life threatening emergencies. The performance is largely impacted by delays in servicing primary cases due to red-zones and delays while waiting for South African Police Service accompaniment to ensure safety of crews; long turnaround times at hospitals due to staff and bed availability as a result of high occupancy rates and onboarding twenty City of Cape Town facilities.						

Output Indicator		EMS P1 urban response under 30 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	65.7%	58.7%	53.2%	49.1%	48.5%	(0.6%)
N	61 178	17 161	17 234	18 252	16 625	(1 627)
D	93 081	29 217	32 396	37 159	34 282	(2 877)

Reasons for deviation

Target achieved. The performance trends are in line with our ability to roster and service the current demand. Continuous efforts to improve efficiency and effectiveness, within the operational environment, is ongoing. Specific focus is placed on the identification and appropriate response to life threatening emergencies.

The performance is largely impacted by delays in servicing primary cases due to red-zones and delays while waiting for South African Police Service accompaniment to ensure safety of crews; long turnaround times at hospitals due to staff and bed availability as a result of high occupancy rates and onboarding twenty City of Cape Town facilities.

Output Indicator		EMS P1 rural response under 60 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	88.1%	78.3%	76.5%	75.4%	77.3%	1.9%
N	6 911	2 056	1969	2 091	2 090	(1)
D	7 846	2 626	2 573	2 772	2 703	(69)

Reasons for deviation

Target Performance better than planned. Even with challenges faced, this indicator yielded good performances. Challenges within the rural space remain the number of available ambulances within geographical spaces. This is partially addressed by standby duties and the support of neighbouring stations, during surge times.

The performance is largely impacted by delays in servicing primary cases due to long turnaround times at hospitals due to staff and bed availability as a result of high occupancy rates and continued decrease in staff availability and distances to travel within districts, resulting in neighbouring stations having to assist each other affecting both stations performance; roadworks and delays at service providers for parts and servicing of our vehicles in our rural space.

Output Indicator		EMS incident mission time under 120 minutes rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	55.8%	52.3%	50.2%	49.3%	48.4%	(0.9%)
N	311 801	323 357	80 023	75 008	75 216	208
D	558 723	618 352	159 318	152 237	155 422	3 185

Reasons for deviation

Target achieved. Increased call rates in the rural districts and the ongoing impact of red zones, remains a challenge in improving performance in this indicator. Ongoing engagements, training and awareness with hospitals, community members, and other governmental organisations has assisted in addressing these challenges.

Strategies to Overcome Under-Performance

Emergency Medical Services has achieved the planned targets for the year 2023/24. The requirement to improve performance remains of utmost importance within the provision of services to the population. EMS has identified key areas within the service, with other governmental organisations, and together with the whole of society to improve performance.

- Emergency Medical Services**

Improved efficiency during life-threatening responses: While the resources do not meet demand, it remains important for EMS to respond to the most life-threatening incidents (P1) in an efficient and effective manner. Continuous collaboration with community, industry, and academic partners refines how we identify these incidents to best assign limited resources.

Strengthening relationships with private services: Specific focus has been given to create and strengthen the relationships with private ambulance providers within the Province. Creating a platform for discussion has allowed for the increase in service delivery in both the metropole and rural areas.

- Whole of Government**

Municipality: Meetings with municipal stakeholders have increased, this has led to a more efficient response to the community. Strengthening these relationships, specifically with law enforcement and fire departments will allow for improved availability of resources.

Provincial Government: Continuous awareness programmes with educational institutions, ensures that emergency medical services are requested in appropriate life-threatening situations.

National Government: A focus to strengthen the relationship between EMS and local law enforcement structures remains a priority, specifically in areas where EMS responds to violent situations. Increased collaboration in this space will result in reducing mission times and in so doing increase capacity within EMS to respond to emergencies.

- Whole of Society**

EMS remains focused on creating capacity within the community by training Emergency First Aid Responders (EFAR). The Community First Aid Responder (CFAR) programme is a new internship programme that aims at capacitating youth within a community to respond to local emergency situations, whether medical or other in nature. This programme will continue and build on successes achieved during the first year of rollout. The programme to date has trained more than 10 000 EFAR's in communities around the Province and continue to train more providers monthly.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Emergency Transport	1 240 830	1 232 653	8 177	1 190 479	1 188 752	1 727
Planned Patient Transport	117 211	117 097	114	112 558	114 166	(1 608)
Total	1 358 041	1 349 750	8 291	1 303 037	1 302 918	119

The projected Compensation of Employees bill exceeded the budget available and DPSA then implemented the "Criticality and concurrence process" for the filling of posts. This process resulted in a saving within compensation of employees, by reducing fill rates.

To ensure service delivery was not negatively impacted with old and high mileage vehicles, EMS received 26 replacement vehicles. These replacement vehicles' daily tariff rates are higher than the old vehicles, which placed financial pressure on the budget. To offset these higher costs, stringent cost containment measures were put in place within Goods and Services, which resulted in a savings.

Programme 4: Provincial Hospital Services

Purpose

Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, dental service and psychiatric service, as well as providing a platform for training health professionals and conducting research.

Sub-Programme 4.1: General (Regional) Hospitals

Rendering of hospital services at a general specialist level and providing a platform for the training of health workers and conducting research.

Sub-Programme 4.2: Tuberculosis Hospitals

To convert present tuberculosis (TB) hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardised multi-drug and extreme drug resistant protocols.

Sub-Programme 4.3: Psychiatric/Mental Hospitals

Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and conducting research.

Sub-Programme 4.4: Sub-Acute, Step- Down and Chronic Medical Hospitals

Rendering specialised rehabilitation services for persons with physical disabilities including the provision of orthotic and prosthetic services.

Sub-Programme 4.5: Dental Training Hospitals

Rendering an affordable and comprehensive oral health service and providing a platform for the training of health workers and conducting research.

Regional Hospitals

Changes to Planned Targets

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Live births under 2 500g in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	14.9%	15.3%	15.9%	15.2%	16.4%	(1.2%)
N	4 223	4 017	4 094	4 406	2 050	2 356
D	28 428	26 200	25 752	26 678	12 528	(14 150)
Reasons for deviation						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets						
*The revision was primarily informed by emergent socio-economic factors that impact service delivery.						

Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	4.2%	6.47%	15.63%	(9.15%)
N	New indicator	New indicator	5	9	5	4
D	New indicator	New indicator	119	139	32	107
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						
OUTCOME		A high-performance provincial health system for people				
Output Indicator		Patient safety (PSI) Incident case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	97.3%	95.6%	94.9%	95.6%	92.1%	(3.5%)
N	709	859	947	719	466	(253)
D	729	899	998	752	506	246
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current changes in the service delivery environment because of the budget pressures the target was revised accordingly.						
Output Indicator		*Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	83.3%	95.5%	65.9%	94.12%	84.00%	(10.12%)
N	25	21	58	32	21	(11)
D	30	22	88	34	25	9
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current changes in the service delivery environment because of the budget pressures the target was revised accordingly.						

OUTCOME The children of the Province have the health resilience to flourish						
Output		Child Health services				
Output Indicator		Live births under 2 500g in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	14.9%	15.3%	15.9%	16.4%	16.4%	0.0%
N	4 223	4 017	4 094	4 046	4 027	19
D	28 428	26 200	25 752	24 700	24 596	(104)
Reasons for deviation						
Target achieved.						
Output Indicator		Child under 5 years diarrhoea case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.3%	0.5%	0.7%	0.64%	0.58%	0.06%
N	2	5	8	7	6	1
D	632	1 041	1 152	1 092	1 037	55
Reasons for deviation						
Target achieved. Performance better than planned with lower fatality rate. One (1) less death than anticipated occurred and fewer diarrhoea separations. In 2022/23, paediatric services experienced high pressures. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity. This year, however, we are starting to see a decrease in both diarrhoea deaths and separations (admissions).						
Output Indicator		Child under 5 years pneumonia case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.7%	0.5%	0.5%	0.50%	0.30%	0.21%
N	8	7	12	10	5	5
D	1 217	1 538	2 274	1 981	1 693	288
Reasons for deviation						
Target achieved. Performance better than planned with lower fatality rate. Over the previous 3 financial years, paediatric services experienced a surge in pneumonia, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity. This year, however, we are starting to see a decrease in both pneumonia deaths and separations (admissions).						
Notes						
Figures before rounding off: Target: 0.505% Actual achievement 0.295% resulting in a 0.209% deviation from target.						
Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	4.2%	13.00%	5.56%	7.44%
N	New indicator	New indicator	5	13	5	8
D	New indicator	New indicator	119	100	90	10
Reasons for deviation						
Target achieved. Performance better than planned with lower fatality rate. It was anticipated that there would be a significant increase in severe acute malnutrition admissions (separations) and deaths post the COVID-19 pandemic, due to deteriorating socio-economic conditions. However, it seems that the impact was less severe than was anticipated.						

Output Indicator		[Number of] Death in facility under 5 years				
Audited Actual Performance 2020/21		Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
308		271	266	265	239	26
Reasons for deviation						
Target achieved. Performance better than planned due to fewer fatalities. It is not possible to ascribe the decrease in deaths under 5 years to a specific cause. However, it reflects/confirms the trend seen in the 3 previous indicators (diarrhoea, pneumonia, and severe acute malnutrition deaths under 5 years) that, across the board, fewer deaths occurred in children under 5 years who were admitted to regional hospitals.						
Output Indicator		[Number of] Maternal mortality in facility				
Audited Actual Performance 2020/21		Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
Not reported		Not reported	11	15	6	9
Reasons for deviation						
Target achieved. A positive performance as maternal mortality is lower than planned. There was a significant increase in maternal deaths during the COVID-19 pandemic because COVID infection carries with it a higher risk of maternal death and foetal complications. This year, however, as the epidemic has waned figures are returning to pre-COVID levels.						
OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	97.6%	99.1%	99.5%	98.1%	98.1%	0.0%
N	279	340	400	355	405	50
D	286	343	402	362	413	51
Reasons for deviation						
Target achieved.						
Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	78.5%	83.7%	85.5%	1.8%
N	New indicator	New indicator	37 911	20 288	41 048	20 760
D	New indicator	New indicator	48 312	24 242	47 995	23 753
Reasons for deviation						
Target achieved. As per the prescribed practices, quality improvement plans are implemented based on the survey results. However, it is not possible to determine what the impact of individual improvement measures were.						
Output Indicator		Patient safety (PSI) incident case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	97.3%	95.6%	94.9%	90.0%	96.0%	6.0%
N	709	859	947	677	920	243
D	729	899	998	752	958	(206)
Reasons for deviation						
Performance better than planned. It was anticipated that the current budget constraints would have an impact on staff and facilities' ability to resolve patient safety incidents timeously, however, the impact of this is not yet reflected in the performance. Timeous response and rapid resolution of incidents have contributed to the improved performance in this indicator.						

Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	83.3%	95.5%	65.9%	80.0%	82.4%	2.4%
N	25	21	58	32	42	10
D	30	22	88	40	51	(11)
Reasons for deviation Target achieved. Performance better than planned. Misinterpretation of definitions, and newly appointed and agency staff not always adhering to standard operating procedures are some of the issues that negatively impacted on the performance in 2022/23. The ongoing awareness and training within facilities has contributed to the improved performance in 2023/24.						
Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	4.1	4.2	3.9	4.03	3.94	0.09
N	421 713	451 206	456 211	459 306	441 695	17 611
D	102 332	108 711	115 844	113 963	112 122	1 841
Reasons for deviation Target achieved. Performance better than planned with lower average length of stay. The decreased length of stay reflects the discharge of long stay patients and more patients being admitted early with lower morbidity.						
Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	80.3%	86.0%	86.3%	86.8%	84.0%	2.7%
N	421 713	451 206	456 211	459 306	441 695	17 611
D	524 928	524 928	528 578	529 285	525 536	(3 749)
Reasons for deviation Target achieved. Slight reduction in bed occupancy this year as clients spending fewer days in hospital. Bed pressures are, however, persistently unpredictable and unrelenting. This is a concern with the current fiscal challenges.						
Note Figures before rounding off: Target: 86.78% Actual achievement 84.05% resulting in a 2.73% deviation from target.						

Strategies to Overcome Under-Performance

Inpatient bed utilisation rate (Regional Hospitals)

Although there was a slight reduction in the bed utilisation rate at regional hospitals, it is still within the accepted norm of 80-85%.

Specialised Hospitals

Changes to Planned Targets

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	98.0%	99.4%	98.4%	100.0%	97.4%	(2.6%)
N	98	160	185	140	77	(63)
D	100	161	188	140	79	61
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current changes in the service delivery environment, as a consequence of the budget pressures the target was revised accordingly.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	95.5%	83.3%	30.0%	90.91%	27.27%	(63.64%)
N	63	5	33	80	18	(62)
D	66	6	110	88	66	22
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current changes in the service delivery environment, as a consequence of the budget pressures the target was revised accordingly.						

Performance Indicators

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	98.0%	99.4%	98.4%	98.0%	96.7%	(1.3%)
N	98	160	185	149	204	55
D	100	161	188	152	211	59
Reasons for deviation Target achieved. Although the performance is slightly lower than the planned target, it is still more than 95% and considered acceptable despite more complaints being dealt with. While the Department strives to resolve complaints as quickly as possible, the complexity of complaints can influence the turnaround time to resolve.						

Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	79.9%	83.5%	84.2%	0.7%
N	New indicator	New indicator	18 560	17 987	11 328	(6 659)
D	New indicator	New indicator	23 224	21 547	13 454	(8 093)
Reasons for deviation Performance better than planned. As per the prescribed practices, quality improvement plans are implemented based on the survey results. However, it is not possible to determine what the impact of individual improvement measures were.						
Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	94.5%	95.6%	97.9%	98.8%	98.3%	(0.5%)
N	1 243	1525	1 475	1 542	1 467	(75)
D	1 316	1596	1 507	1 561	1 492	69
Reasons for deviation Target achieved. Timeous response and rapid resolution of incidents have contributed to the improved performance in this indicator. The budget constraints may be impacting on staff and facilities' ability to resolve patient safety incidents timeously.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	95.5%	83.3%	30.0%	57.98%	35.04%	(22.94%)
N	63	5	33	69	48	(21)
D	66	6	110	119	137	(18)
Reasons for deviation Target partially achieved. There were delays reporting incidents to the next level within 24 hours, due to point of service staff not adhering to the standard operating procedure and specifically when agency staff or newly appointed staff are involved in the incident. In addition, the multiple parallel reporting processes remains a big contributing factor to the delays in reporting of SAC 1 incidents.						

Strategies to Overcome Under-Performance

Complaint resolution within 25 working days rate (Specialised Hospitals)

Although the performance is slightly lower than the planned target, it is still more than 95% and considered acceptable. The Department will continue with training and strengthening of awareness around complaint resolution within the expected timeframe. However, it should be noted that the fiscal situation and the impact it has on human resources may have a negative impact on facilities' ability to respond to complaints timeously.

Severity assessment code (SAC) 1 Incidents reported within 24 hours

The Department will continue with training and strengthening awareness, targeting agency staff and newly appointed staff to ensure the standard operating procedures are adhered to.

However, it should be noted that the fiscal situation and the impact it has on human resources may continue to have a negative impact on facilities' ability to respond to these incidents timeously.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
Sub-Programme	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospitals	2 621 128	2 605 159	15 969	2 551 854	2 547 499	4 355
Tuberculosis Hospitals	404 262	415 943	(11 681)	388 258	403 479	(15 221)
Psychiatric/ Mental Hospitals	1 156 910	1 158 295	(1 385)	1 095 225	1 088 472	6 753
Sub-acute, Step-down and Chronic Medical Hospitals	446 757	422 475	24 282	264 891	259 732	5 159
Dental Training Hospitals	209 294	199 170	10 124	206 293	207 339	(1 046)
Total	4 838 351	4 801 042	37 309	4 506 521	4 506 521	-

The programme's expenditure is within 1% of the budget.

Stringent financial measures were implemented during the financial year to ensure the Department stays within budget. This included the rationalisation of services and freezing of posts. The additional workload (due to vacancies) on remaining clinical and support staff in turn impacted on performance.

Programme 5: Central Hospital Services

Purpose

To provide tertiary and quaternary health services and to create a platform for the training of health workers and research.

Sub-Programme 5.1: Central Hospital Services

Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research.

Sub-Programme 5.2: Provincial Tertiary Hospital Services

Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.

Central Hospitals

Changes to Planned Targets

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New Indicator	New Indicator	5.3%	1.9%	0.0%	1.9%
N	New indicator	New indicator	2	2	-	2
D	New indicator	New indicator	38	106	19	87
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The quarterly target was revised due to a change in the rounding off rules in the target setting tool. The tool revisions were informed by the assumptions around the likely impact of the budget pressure on performance.						
OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	0.0%	100.0%	53.3%	56.0%	66.7%	10.7%
N	0	1	72	109	4	(105)
D	0	1	135	195	6	189
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The quarterly target was revised due to a change in the rounding off rules in the target setting tool. The tool revisions were informed by the assumptions around the likely impact of the budget pressure on performance.						

Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	97.2%	96.6%	97.2%	89.0%	94.6%	5.6%
N	771	1 184	1 427	901	645	(256)
D	793	1 226	1 468	1 012	682	330
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The quarterly target was revised due to a change in the rounding-off rules of the target setting tool. The tool revisions were informed by the assumptions around the likely impact of the budget pressure on performance.						

Performance Indicators

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Live births under 2 500g in facility rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	34.8%	34.5%	34.8%	35.2%	35.0%	0.2%
N	3 782	3 844	3 465	3 821	3 404	417
D	10 865	11 156	9 966	10 855	9 732	(1 123)
Reasons for deviation Performance is slightly better than anticipated. A decrease in the number of births in facility is noted and reflects the overall decrease in birth numbers.						
Output Indicator		Child under 5 years diarrhoea case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.4%	0.7%	0.2%	0.9%	0.5%	0.4%
N	1	3	1	7	2	5
D	266	435	411	813	444	369
Reasons for deviation Performance better than anticipated with lower fatality rate.						
Output Indicator		Child under 5 years pneumonia case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.3%	0.3%	0.2%	0.7%	1.0%	(0.3%)
N	3	3	3	8	10	(2)
D	888	1 031	1 561	1 182	1 040	142
Reasons for deviation Target partially achieved. Over the previous 3 financial years, paediatric services experienced a surge in pneumonia, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity.						

Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/23	Deviation from planned target to actual achievement
	New Indicator	New Indicator	5.3%	1.9%	0.0%	1.9%
N	New indicator	New indicator	2	2	-	2
D	New indicator	New indicator	38	106	36	70

Reasons for deviation

Performance better than planned with no severe acute malnutrition fatalities reported. The long-term socio-economic impact of the COVID-19 pandemic did not have the expected impact on the performance of this indicator, community initiatives (Whole of Society Approach "WOSA") likely contributed to this.

Output Indicator		[Number of] Death in facility under 5 years				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	441	443	451	424	422	2

Reasons for deviation

Performance better than planned with less fatalities reported than anticipated. It is not possible to ascribe the decrease in deaths under 5 years to a specific cause. However, it reflects/confirms the trend seen in the 3 previous indicators (diarrhoea, pneumonia, and severe acute malnutrition deaths under 5 years) that, across the board, fewer deaths occurred in children under 5 years who were admitted to central hospitals.

Output Indicator		[Number of] Maternal Mortality in facility				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	Not reported	Not reported	26	35	27	8

Reasons for deviation

A positive performance as maternal mortality is lower than planned. A positive performance as maternal mortality is lower than planned. There was a significant increase in maternal deaths during the COVID-19 pandemic because COVID infection carries with it a higher risk of maternal death and foetal complications. This year, however, as the epidemic has waned figures are returning to pre-COVID levels.

OUTCOME A high-performance provincial health system for people

Output Technically efficient provincial health system

Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	88.0%	90.1%	92.1%	92.5%	93.6%	1.1%
N	410	562	673	592	835	243
D	466	624	731	640	892	252

Reasons for deviation

Performance better than planned. Timeous response and rapid resolution of complaints have improved the performance in this Indicator.

Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	82.0%	82.0%	84.1%	2.0%
N	New indicator	New indicator	23 521	25 873	16 415	(9 458)
D	New indicator	New indicator	28 679	31 547	19 530	(12 017)

Reasons for deviation

Target achieved. Patient satisfaction with care is slightly higher than anticipated. As per the prescribed practices, quality improvement plans are implemented based on the survey results. However, it is not possible to determine what the impact of individual improvement measures were.

Note

Figures before rounding off: Target: 82.01% Actual achievement 84.05% resulting in a 2.04% deviation from target.

Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	97.2%	96.6%	97.2%	89.0%	98.1%	9.1%
N	771	1 184	1 427	901	1 245	344
D	793	1 226	1 468	1 012	1 269	(257)
Reasons for deviation Performance better than planned. Timeous response and rapid resolution of incidents have contributed to the improved performance in this indicator.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.0%	100.0%	53.3%	55.9%	48.3%	(7.6%)
N	-	1	72	109	14	(95)
D	-	1	135	195	29	166
Reasons for deviation Target partially achieved. There were delays reporting incidents to the next level within 24 hours, due to point-of-service staff focusing on definitively addressing the incident, rather than rapidly reporting it. Improvements in the reporting process should result in a greater percentage of SAC 1 incidents being timeously reported in future. In addition, the multiple parallel reporting processes remain a challenge contributing to the delays in reporting SAC 1 incidents.						
Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	7.1	7.0	6.7	7.0	6.7	0.3
N	657 069	732 976	755 184	764 949	752 712	12 237
D	92 564	105 283	112 161	109 279	112 429	(3 150)
Reasons for deviation Performance better than planned with a lower average length of stay. The decreased length of stay reflects the discharge of long stay patients and more patients being admitted early with lower morbidity.						
Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	76.2%	84.5%	86.8%	87.6%	86.2%	1.4%
N	657 069	732 976	755 184	764 949	752 712	12 238
D	862 103	866 970	870 255	873 541	873 480	(61)
Reasons for deviation Target achieved. Slight reduction in bed occupancy this year as clients spent fewer days in hospital. Performance is positive but bed pressures are persistently unpredictable and unrelenting.						

Strategies to Overcome Under-Performance

Severity assessment code (SAC) 1 Incidents reported within 24 hours

The Department will continue with training and strengthening of awareness, targeting agency staff and newly appointed staff to ensure the standard operating procedures are adhered to.

However, it should be noted that the fiscal situation and the impact it has on human resources may continue to have a negative impact on facilities' ability to respond to these incidents timeously.

Tertiary Hospitals

Changes to Planned Targets

OUTCOME						
The children of the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator		Child under 5 years diarrhoea case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	0.2%	0.4%	0.8%	0.5%	0.3%	0.1%
N	2	6	10	7	2	5
D	828	1 408	1 268	1 508	590	918
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note Figures before rounding off: Target: 0.464% Actual achievement 0.339% resulting in a 0.125% deviation from target.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The quarterly target was revised due to a change in the rounding off rules in the target setting tool. The tool revisions were informed by the assumptions around the likely impact of the budget pressure on performance.						
Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	6.8%	1.2%	7.1%	(5.9%)
N	New indicator	New indicator	3	1	1	-
D	New indicator	New indicator	44	82	14	68
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						

OUTCOME						
A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	100.0%	100.0%	100.0%	95.0%	100.0%	5.0%
N	59	135	137	116	64	(52)
D	59	135	137	122	64	(58)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The quarterly target was revised due to a change in the rounding off rules in the target setting tool. The tool revisions were informed by the assumptions around the likely impact of the budget pressure on performance.						
Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	73.1%	89.3%	-	-
N	New indicator	New indicator	5 553	7 505	-	-
D	New indicator	New indicator	7 594	8 400	-	-
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. No survey conducted by end of Q2. This is an annual indicator only reported in quarter 4. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *Due to the current changes in the service delivery environment, due to the budget pressures, the target was revised accordingly.						
Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	4.6	4.3	4.4	4.4	4.7	(0.3)
N	66 818	76 387	80 625	81 001	40 243	40 758
D	14 538	17 632	18 164	18 409	8 577	9 832
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						
Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual achievement
	67.3%	74.9%	75.9%	76.0%	75.5%	0.5%
N	66 818	76 387	80 625	81 001	40 243	40 758
D	99 291	102 029	106 287	106 592	53 296	(53 296)
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Reason for revisions to the Output/ Output indicators/ Annual Targets *The revision was primarily informed by emergent socio-economic factors that impact service delivery.						

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Child under 5 years diarrhoea case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.2%	0.4%	0.8%	0.5%	0.4%	0.1%
N	2	6	10	7	5	2
D	828	1 408	1 268	1 508	1 324	184
Reasons for deviation						
Performance better than planned with lower fatality rate. Over the previous 3 financial years, paediatric services experienced a surge in diarrhoea, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity. This year, however, we are starting to see a decrease in both diarrhoea deaths and separations (admissions).						
Output Indicator		Child under 5 years pneumonia case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	0.1%	0.3%	0.5%	0.5%	0.2%	0.3%
N	2	6	14	12	4	8
D	1 630	1 940	2 959	2 430	1 856	574
Reasons for deviation						
Performance better than planned with lower fatality rate. Over the previous 3 financial years, paediatric services experienced a surge in pneumonia, both in separations (admissions) with severe illness in acute settings as well as ambulatory cases treated in primary health care facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity. This year, however, we are starting to see a decrease in both pneumonia deaths and separations (admissions).						
Output Indicator		Child under 5 years severe acute malnutrition case fatality rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	6.8%	2.4%	10.8%	(8.4%)
N	New indicator	New indicator	3	2	4	(2)
D	New indicator	New indicator	44	82	37	45
Reasons for deviation						
Target not achieved. More deaths than anticipated with a concomitant decrease in severe acute malnutrition separations noted.						
Output Indicator		[Number of] Death in facility under 5 years				
Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement	
99	127	117	130	119	11	
Reasons for deviation						
Target achieved. It is not possible to ascribe the decrease in deaths under 5 years to a specific cause. However, it reflects/confirms the trend seen in the 3 previous indicators (diarrhoea and pneumonia, deaths under 5 years) that, across the board, fewer deaths occurred in children under 5 years.						

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	100.0%	100.0%	100.0%	95.1%	98.9%	3.8%
N	59	135	137	116	177	61
D	59	135	137	122	179	57
Reasons for deviation Performance better than planned due to the timeous response and rapid resolution of complaints.						
Output Indicator		Patient experience of care satisfaction rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	New indicator	New indicator	73.1%	82.0%	84.5%	2.5%
N	New indicator	New indicator	5 553	8 300	8 343	43
D	New indicator	New indicator	7 594	10 125	9 876	(249)
Reasons for deviation Target achieved. Patient satisfaction with care is slightly higher than anticipated. As per the prescribed practices, quality improvement plans are implemented based on the survey results. However, it is not possible to determine what the impact of individual improvement measures were.						
Output Indicator		Patient safety incident (PSI) case closure rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	98.2%	98.4%	99.6%	89.7%	98.2%	8.5%
N	218	185	228	131	270	139
D	222	188	229	146	275	(129)
Reasons for deviation Performance better than planned. It was anticipated that the current budget constraints would have an impact on staff and facilities' ability to resolve patient safety incidents timeously, however, the impact of this is not yet reflected in the performance. Timeous response and rapid resolution of incidents have contributed to the improved performance in this indicator.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	75.0%	100.0%	0.0%	66.7%	50.0%	(16.7%)
N	3	1	-	2	2	-
D	4	1	1	3	4	(1)
Reasons for deviation Target partially achieved. There were delays reporting incidents to the next level within 24 hours, due to point of service staff not being cognisant with the standard reporting procedure timelines - specifically when agency staff or newly appointed staff are involved in the incident. In addition, the multiple parallel reporting processes remains a big contributing factor to the delays in reporting of SAC 1 incidents.						

Output		Accessible health services				
Output Indicator		Average length of stay				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	4.6	4.3	4.4	4.6	4.6	-
N	66 818	76 387	80 625	82 650	77 525	5 125
D	14 538	17 632	18 164	17 807	16 860	947
Reasons for deviation						
Target achieved.						
Output Indicator		Inpatient bed utilisation rate				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual achievement
	67.3%	74.9%	75.9%	77.5%	72.7%	4.8%
N	66 818	76 387	80 625	82 650	77 525	5 125
D	99 291	102 029	106 287	106 592	106 592	-
Reasons for deviation						
Target partially achieved. Slight reduction in bed occupancy this year as a result of fewer admissions and fewer patient days. Bed pressures are, however, persistently unpredictable and unrelenting.						

Strategies to Overcome Under-Performance

Severity assessment code (SAC) 1 Incidents reported within 24 hours

The Department will continue with training and strengthening of awareness, targeting agency staff and newly appointed staff to ensure the standard operating procedures are adhered to.

However, it should be noted that the fiscal situation and the impact it has on human resources may continue to have a negative impact on facilities' ability to respond to these incidents timeously.

Inpatient bed utilisation rate

Although there was a slight reduction in the bed utilisation rate at tertiary hospitals, it is still within the accepted norm of 70 –75%.

Linking Performance with Budgets

Sub-Programme		2023/24			2022/23	
Final Appropriation		Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
R'000		R'000	R'000	R'000	R'000	R'000
Central Hospital Services	7 128 377	7 141 653	(13 276)	6 924 339	6 930 659	(6 320)
Provincial Tertiary Hospital Services	1 021 547	1 008 271	13 276	1 008 485	997 172	11 313
Total	8 149 924	8 149 924	-	7 932 824	7 927 831	4 993

Target achieved. The slight over expenditure in central hospitals was offset by the savings accrued at the tertiary hospital.

Programme 6: Health Sciences & Training

Purpose

To create training and development opportunities for actual and potential employees of the Department of Health and Wellness.

Sub-Programme 6.1: Nurse Training College

Training of nurses at undergraduate and post-basic level, target group includes actual and potential employees.

Sub-Programme 6.2: Emergency Medical Services (EMS) Training College

Training of rescue and ambulance personnel, target group includes actual and potential employees.

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at undergraduate and postgraduate levels, target group includes actual and potential employees.

Sub-Programme 6.4: Primary Health Care (PHC) Training

Provision of PHC related training for personnel, provided by the regions.

Sub-Programme 6.5: Training (Other)

Provision of skills development interventions for all occupational categories in the Department, target group includes actual and potential employees.

Changes to Planned Targets

No changes were made to planned targets.

Performance Indicators

OUTCOME					
A high-performance provincial health system that is for people					
Output		Technically efficient provincial health system			
Output Indicator		Bursaries awarded for scarce and critical skills			
Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
1 503	1 249	1 349	1 278	1 328	50
Reasons for deviation The over performance is attributed to an increase in bursaries awarded for Post Graduate Nurse specialty training after the accreditation of a new qualification. This contributes toward addressing a critical need of specialty nurses within Health and Wellness. In addition, staff receiving part-time bursaries, who took deferments during COVID-19, have returned to study, and therefore have returned into the bursary system, boosting the overall bursaries awarded for the year.					

Strategies to Overcome Under-Performance

There was no under-performance against the indicator.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Nursing Training College	113 492	118 980	(5 488)	95 666	97 511	(1 845)
Emergency Medical Services (EMS) Training College	35 493	33 945	1 548	34 415	32 874	1 541
Bursaries	65 261	61 287	3 974	69 027	58 107	10 920
Primary Health Care Training	1	-	1	1	-	1
Training (Other)	205 499	204 541	958	213 786	195 243	18 543
Total	419 746	418 753	993	412 895	383 735	29 160

This programme's level of under-spending is within acceptable norms.

The expenditure contributed to the achievement of the following outputs: 187 students completed undergraduate training at the Western Cape College of Nursing, 103 students in the Diploma in Nursing (GNR.171) and 84 in the Diploma in Nursing (GNR.425). Of the 147 nurses registered in the Higher Certificate in Nursing (GNR.169), 142 successfully completed (a 97% completion rate). The first cohort of Advanced Diploma in Midwifery (GNR.1497) students are registered to complete their training in 2024; the graduation of 28 students on the Higher Certificate in Emergency Care and 60 students on the Rescue Technician Programmes at the Emergency Medical Services Training College; the training of 4 127 health professionals on clinical skills development, and the funding of 1 478 interns on the structured youth development programmes, including 63 graduate interns. In addition, a total of 1 328 bursaries were allocated to health and related professionals.

Women, youth, persons with disabilities and equity are factors all considered in the selection of students at the Western Cape College of Nursing and the Emergency Medical Services Training College. The recruitment and selection of interns, both recently matriculated and graduates, on the structured youth development programmes place emphasis on these factors, as does the allocation of bursaries awarded to prospective employees.

Programme 7: Health Care Support Services

Purpose

To render support services required by the Department to realise its aims.

Sub-Programme 7.1. Laundry Services

To render laundry and related technical support service to health facilities.

Sub-programme 7.2. Engineering Services

Rendering routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology.

Sub-Programme 7.3. Forensic Services

To render specialised forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations .

(Note: This function has been transferred from sub-programme 2.8)

Sub-Programme 7.4. Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services.

(Note: This service is reported in sub-programme 4.4)

Sub-Programme 7.5. Cape Medical Depot

The procurement, contract management, warehousing and distribution of pharmaceuticals to departmental facilities

(Note: This sub-programme has been renamed since 2013, in line with the incorporation of the trading entity into the Department).

Sub-Programme 7.6. Western Cape Health Warehouse

The procurement, contract management, warehousing and distribution of medical supplies other than pharmaceuticals to departmental facilities.

Engineering Services

Changes to Planned Targets

OUTCOME A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Percentage of hospitals achieving Provincial benchmark for water utilisation				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual Achievement
	76.9%	53.8%	65.4%	69.2%	61.5%	(7.7%)
N	40	28	34	36	32	(4)
D	52	52	52	52	52	-
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The budget pressures affected the capacity of Engineering and Technical Services and thus the target was adjusted accordingly.						

Performance Indicators

OUTCOME A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Percentage of hospitals achieving Provincial benchmark for energy consumption				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
	75.0%	73.1%	82.7%	76.9%	90.4%	13.5%
N	39	38	43	40	47	7
D	52	52	52	52	52	-
Reasons for deviation Performance was better than planned due to a combination of interventions by Energy Services Company. These include local energy interventions like occupancy sensors, geysers, timers, energy-efficient lighting, air conditioning set points etc. In addition, loadshedding reduces electricity consumption, but it simultaneously increases diesel usage which is not reflected in this indicator. Remote metering has also been implemented and is online allowing continuous monitoring.						
Output Indicator		Percentage of hospitals achieving provincial benchmark for water utilisation				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
	76.9%	53.8%	65.4%	63.5%	67.3%	3.8%
N	40	28	34	33	35	2
D	52	52	52	52	52	-
Reasons for deviation Performance is better than planned. Groundwater is used at some facilities which reduced municipal water consumption. It should be noted that ground water consumption is not reflected in this indicator which is only reflecting municipal water consumption.						

Strategies to Overcome Under-Performance

There was no under performance against the indicators.

Forensic Pathology Services

Changes to Planned Targets

OUTCOME						
A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Percentage of child death cases reviewed by the child death review board				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual Achievement
	82.4%	78.8%	78.2%	90.0%	88.2%	(1.8%)
N	996	1 124	1 053	1 248	718	(530)
D	1 209	1 426	1 346	1 386	814	572
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *The budget pressures affected the capacity of Forensic Pathology Services, so the target was adjusted accordingly.						

Performance Indicators

OUTCOME						
A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Percentage of child death cases reviewed by the child death review board				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
	82.4%	78.8%	78.2%	80.0%	86.9%	6.8%
N	996	1 124	1 053	1 109	1 124	15
D	1 209	1 426	1 346	1 386	1 294	92
Reasons for deviation Performance was better than planned. A successful collaboration between Forensic Pathology services, the National Prosecuting Authority and South African Police Services in the criminal justice system, as well as shorter turnaround times in child murder cases has been a great success of the Child review board and improved performance in this indicator. The number of child death cases that were received by the Forensic Pathology Service was less than the number expected based on historical information. The driving factor in the decrease of child death cases received has been determined to be a decrease in the number of cases received where the manner of death was natural.						
Note Figures before rounding off: Target: 80.01% Actual achievement 86.86% resulting in a 6.85% deviation from target.						

Strategies to Overcome Under-Performance

There was no under performance against the indicator.

Medicine Supply

Changes to Planned Targets

No changes were made to planned targets.

Performance Indicators

OUTCOME						
A high-performance provincial health system for people						
Output		Technically efficient provincial health system				
Output Indicator		Percentage of pharmaceutical stock available				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
	89.8%	92.5%	92.5%	95.1%	91.2%	(3.9%)
N	693	727	715	674	714	40
D	772	786	773	709	783	74
Reasons for deviation Performance marginally below the planned target. However, it should be noted that the number of items in stock (714) is more than the number of items planned for (709), indicating that a wider range of pharmaceuticals was available. The pharmaceutical stock outs that affected performance are due to a combination of part, late or no delivery by the suppliers.						

Strategies to Overcome Under-Performance

The Cape Medical Depot applied focused contract management and penalties for part or late deliveries by suppliers. In addition, where poor pharmaceutical supply was experienced, it was escalated to the National Department of Health (NDOH) in line with the governance arrangements between the NDOH and the Provincial Departments of Health.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundry Services	126 909	127 506	(597)	130 308	134 772	(4 464)
Engineering Services	136 489	130 446	6 043	125 425	121 198	4 227
Forensic Services	274 330	265 836	8 494	248 825	252 109	(3 284)
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	83 690	77 788	5 902	80 670	19 634	61 036
Health Warehouse	20 188	17 050	3 138	-	-	-
Total	641 607	618 626	22 981	585 229	527 713	57 516

The budget allocation for this programme facilitated the rendering of health care support services. This was achieved by consistently providing the health facilities with linen and laundry services, maintenance to buildings, engineering installations and health technology, specialised forensic pathology and clinical forensic medicine services, specialised orthotic and prosthetic services and the management and supply of pharmaceuticals and non-pharmaceutical items. Efficient and effective health care support services positively contribute towards ensuring a technically efficient Provincial health system and towards being a high-performing Provincial health system for the citizens of the Western Cape.

With respect to Sub-programmes 7.1 and 7.2, of the 356 filled posts, 160 (45%) were occupied by women, 6 (1.7%) by persons with disabilities, and 131 (34%) by youth. The Department continuously strives to ensure that these designated groups are well-represented in its staff establishment and, where possible, opportunities are provided for incumbents showing potential. The Department also employs interns to provide them with on-the-job training and experience to assist them in finding permanent positions. This has assisted several interns to secure permanent positions either in government or the private sector. Unfortunately, due to the physical demands of many of the posts i.e. working in laundries or engineering workshops, persons with disabilities cannot be considered for many positions.

The under-spending in the programme can mainly be attributed to compensation of employees and goods and services.

The compensation of employee underspend is due to delayed appointments and the implementation of National cost containment measures which contributed significantly to the delay in filling of posts. Most of these posts are on the establishment of the newly constructed Observatory Forensic Pathology Institute which became 80% operational, late in the 2023/24 financial year. The Forensic Pathology Service also had delays in filling of scarce skills posts due to an inability to attract the required skills. This is a specialised service and Forensic Pathologists and Forensic Sciences are scarce skills. The delays in filling of these scarce skills posts due to availability or inability to attract the required skill impacts the conclusion of the post-mortem processes including the post-mortem findings and ancillary processes such as histology which ultimately impacts case file reviews.

The goods and services underspending is related to procurement delays for maintenance and repairs in the engineering workshop and a reduction in medical supplies due to tighter control of sundries in the Cape Medical Depot.

Programme 8: Health Facilities Management

Purpose

The provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology.

Sub-Programme 8.1. Community Health Facilities

Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres, and clinics.

Sub-Programme 8.2. Emergency Medical Rescue Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities.

Sub-Programme 8.3. District Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals.

Sub-Programme 8.4. Provincial Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals.

Sub-Programme 8.5. Central Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals.

Sub-Programme 8.6. Other Facilities

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities.

Changes to Planned Targets

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Percentage of health facilities with completed capital infrastructure projects				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	*Actual Achievement until Quarter 2 of 2023/24	Deviation from planned target to actual Achievement
	Not required to report	Not required to report	66.7%	100%	22.2%	(77.8%)
N	Not required to report	Not required to report	4	9	2	(7)
D	Not required to report	Not required to report	6	9	9	-
Reasons for deviation The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
Note *Due to budget pressures affecting the capacity of Programme 8 to deliver, the target was accordingly adjusted.						

Performance Indicators

OUTCOME		A high-performance provincial health system for people				
Output		Technically efficient provincial health system				
Output Indicator		Percentage of health facilities with completed capital infrastructure projects				
	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/24	Deviation from planned target to actual Achievement
	Not required to report	Not required to report	66.7%	100%	100%	-
N	Not required to report	Not required to report	4	5	5	-
D	Not required to report	Not required to report	6	5	5	-
Reasons for deviation Target achieved. Practical completion of the following capital infrastructure projects was achieved: Groote Schuur Hospital - Ventilation and AC refurbishment; Knysna Forensic Pathology Laboratory replacement; Hanover Park CHC - demolitions and fencing; Observatory Forensic Pathology Laboratory; Paarl CDC - enabling work including fencing to secure new site.						

Strategies to Overcome Under-Performance

There was no under-performance against the indicator.

Linking Performance with Budgets

Sub-Programme	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Community Health Facilities	151 125	155 058	(3 933)	156 618	161 693	(5 075)
Emergency Medical Rescue Services	35 818	25 114	10 704	55 888	27 326	28 562
District Hospital Services	193 041	200 639	(7 598)	137 082	153 779	(16 697)
Provincial Hospital Services	156 645	186 292	(29 647)	144 491	173 364	(28 873)
Central Hospital Services	435 098	396 470	38 628	477 624	454 999	22 625
Other Facilities	197 740	205 893	(8 153)	221 469	144 195	77 274
Total	1 169 467	1 169 466	1	1 193 172	1 115 356	77 816

An under expenditure of R1 000 is considered as break-even.

The Programme 8 budget allocation made it possible to render support to health care services by consistently providing good quality, fit-for-purpose infrastructure and health technology, albeit in a challenging and changing environment. Good quality infrastructure and health technology directly links to the output to ensure a technically efficient Provincial health system and thereby contributes to the outcome of providing a high-performance Provincial health system that is for people.

Of the 103 filled posts in Programme 8, 48 (47%) were occupied by women, 31 posts (30%) were occupied by youth, and none by persons with disabilities. The Department continuously strives to ensure that these designated groups are well-represented in its staff establishment and, where possible, opportunities are provided for incumbents showing adequate potential. In addition, the Department employs interns providing them with the opportunity to gain exposure and experience and thereby assist them to find permanent positions. This has had some good results in recent years. Due to the physical demands of many of the posts i.e. to negotiate building sites and the risks associated thereto, persons with disabilities can unfortunately not be accommodated for most built environment positions.

Transfer Payments

The total transfer payments made and spent equates to R1, 540,479,000 for the year 2023/24, see tables below for a breakdown of the payments.

Transfers to Municipalities						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
City of Cape Town						
Municipality	Rendering of personal Primary Health Care, including maternal child, and infant health care, antenatal care, STI treatment, tuberculosis treatment, and basic medical care. As well as nutrition, and HIV/AIDS	Yes	600 838	600 838	N/A	City of Cape Town District
Municipality	Vehicle licenses	Yes	14	14	N/A	Emergency Medical and Forensic Pathology Services Groups

Transfers to Departmental Agencies and Accounts						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Health & Welfare SETA						
Statutory Body	People Development	Yes	7 241	7 241	N/A	Departmental
Radio & Television						
Licensing Authorities	Television, Radio, aerodrome Licenses	Yes	547	547	N/A	Departmental

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
District Management						
Community based Programmes	E vision and ICT (Information Communication Technology) development Project	Yes	2 622	2 622	N/A	City of Cape Town District
Community Health Clinics						
Non-profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	211	211	N/A	Central Karoo District

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
Non-profit Institutions	Tuberculosis treatment	Yes	1 098	1 098	N/A	Cape Winelands District
		Yes	376	376	N/A	Garden Route District
		Yes	211	211	N/A	West Coast District
Mitchells Plain Transitional Care Facility						
Chronic Care	Intermediate care facility - adult & children	Yes	43 632	43 632	N/A	City of Cape Town District

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Booth Memorial						
Provincially Aided hospital	Intermediate care facility – adult	Yes	31 037	31 037	N/A	City of Cape Town District
St Joseph						
Provincially Aided hospital	Intermediate care facility – child	Yes	11 952	11 952	N/A	City of Cape Town District
Various Institutions						
Non-profit Institutions	Chronic Care: Caring for elderly patients, assisting with wound care, feeding, etc. after being discharged	Yes	1 554	1 554	N/A	Garden Route District
		Yes	4 832	4 832	N/A	West Coast District
		Yes	3 695	3 695	N/A	Overberg District
Various Institutions						
Non-profit Institutions	TB Adherence and Counselling	Yes	54	54	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	3 255	3 255	N/A	West Coast District

Transfers to Non-Profit Institutions						
Various Institutions						
Non-profit Institutions	Home Based Care	Yes	5 520	5 520	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	18 241	18 241	N/A	Klipfontein/ Mitchells Plain Sub-structure Area
		Yes	3 238	3 238	N/A	Northern Tygerberg Sub-structure Area
		Yes	7 245	7 245	N/A	Western/Southern Sub-structure Area
Various Institutions						
Non-profit Institutions	Mental Health	Yes	4 134	4 134	N/A	Cape Winelands District
		Yes	528	528	N/A	Central Karoo District
		Yes	484	484	N/A	Garden Route District
		Yes	5 550	5 550	N/A	Overberg District
		Yes	22 219	22 219	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	15 609	15 609	N/A	Klipfontein/ Mitchells Plain Sub-structure Area
		Yes	12 437	12 437	N/A	Northern Tygerberg Sub-structure Area
		Yes	9 022	9 022	N/A	Western/Southern Sub-structure Area
Various Institutions						
Non-profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling, and testing, etc.	Yes	50 935	50 935	N/A	Cape Winelands District
		Yes	12 285	12 285	N/A	Central Karoo District
		Yes	54 494	54 494	N/A	Garden Route District
		Yes	29 243	29 243	N/A	Overberg District
		Yes	36 610	36 610	N/A	West Coast District
		Yes	54 438	54 438	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	47 737	47 737	N/A	Klipfontein/ Mitchells Plain Sub-structure Area
		Yes	75 597	75 597	N/A	Northern Tygerberg Sub-structure Area
		Yes	25 848	25 848	N/A	Western/Southern Sub-structure Area

Transfers to Non-Profit Institutions						
Community Based Services: Eliminating Tuberculosis						
Non-profit Institutions	Community Based Services: Eliminating Tuberculosis (TB)	Yes	1 270	1 270	N/A	Cape Winelands District
		Yes	1 108	1 108	N/A	Garden Route District
		Yes	4 412	4 412	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	2 206	2 206	N/A	Klipfontein/ Mitchells Plain Sub-structure Area
		Yes	2 206	2 206	N/A	Northern Tygerberg Sub-structure Area
		Yes	2 206	2 206	N/A	Western/Southern Sub-structure Area

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Community Based Services: Mental health burden						
Non-profit Institutions	Community Based Services: Strengthening Mental Health Burden	Yes	1 184	1 184	N/A	Cape Winelands District
		Yes	923	923	N/A	West Coast District
Various Institutions						
Nutrition	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape	Yes	163	163	N/A	Central Karoo District
		Yes	929	929	N/A	Garden Route District
Philani						
Non-profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children (Philani)	Yes	2 079	2 079	N/A	Klipfontein / Mitchells Plain Sub-structure Area
Open Circle & Hurdy Gurdy						
Non-profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	3 781	3 781	N/A	City of Cape Town District

Maitland Cottage						
Step down care	Paediatric orthopaedic hospital	Yes	15 506	15 506	N/A	City of Cape Town District
Various Institutions						
Non-profit Institutions	Expanded Public Works Programme (EPWP) funding used for training and Home-Based Care	Yes	65 000	65 000	N/A	Departmental

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
COPC Wellness						
Non-profit Institutions	Wellness strategy to focus on healthy lifestyle choices to prevent and control chronic diseases of lifestyle, safe and healthy pregnancies, and child-rearing, and reduction of harmful personal behaviours	Yes	2 685	2 685	N/A	Khayelitsha Eastern Sub-structure Area
		Yes	2 685	2 685	N/A	Klipfontein Mitchells Plain Sub-structure Area
		Yes	2 685	2 685	N/A	Northern Tygerberg Sub-structure Area
		Yes	2 685	2 685	N/A	Western/Southern Sub-structure Area

Transfers to Households						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Employee Social Benefits – cash residents						
Various claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	63 997	63 997	N/A	Departmental
Various Claimants						
Various claimants	Claims against the state: households	Yes	119 557	119 557	N/A	Departmental

Various Claimants						
Tertiary Institutions	Bursaries	Yes	38 555	38 555	N/A	Departmental
Various Claimants						
Various claimants	Payment made as an act of grace	Yes	74	74	N/A	Departmental

Transfers Payments not made					
Type of Organisation	Purpose for which the funds were used	Amount Budgeted for (R'000)	Amount Transferred (R'000)	Reasons for Under Expenditure	Geographical Area
Cash Donation - Western Cape on Wellness (WoW)					
Various claimants	Cash donation made to the Health Foundation for the Department WOW healthy lifestyles initiatives within communities	80	-	Revision of the annual WOW (Western Cape on Wellness) Ceremony resulted in the implementation of different mechanisms for support management towards self-management. Late request received to move funds to other budgeted line items	Departmental

Conditional Grants

District Health Programmes Grant

This grant consists of two components namely the HIV/AIDS & TB Control Component and District Health Component. The Western Cape Department of Health has successfully implemented the programmes under this grant and met most of the targets.

Transferring Department	National Department of Health
Component Name	District Health Programmes Grant
Grant Purpose	<p>To enable the health sector to develop and implement an effective response to HIV and AIDS.</p> <p>To enable the health sector to develop and implement an effective response to TB.</p> <p>To ensure provision of quality community outreach services through ward-based primary health care outreach teams.</p> <p>To improve efficiencies of the ward based primary health care outreach teams programme by harmonising and standardising services and strengthening performance monitoring.</p> <p>To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019–2023.</p> <p>To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations for Grade 7 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme.</p>

Transferring Department	National Department of Health
Component Name	District Health Programmes Grant: Comprehensive HIV/AIDS Component
Grant Purpose	<p>To enable the health sector to develop and implement an effective response to HIV/AIDS.</p> <p>Prevention and protection of health workers from exposure to hazards in the workplace.</p> <p>To enable the health sector to develop and implement an effective response to TB.</p>

	Performance Indicators	Annual Target	Actual Achieved
Expected Outputs HIV/AIDS	No. of male condoms distributed	89 956 044	66 203 400
	No. of female condoms distributed	1 169 660	1 098 600
	No. of HTA intervention sites	180	239
	No. of peer educators receiving stipends	100	70
	Male Urethritis Syndrome treated – new episode	40 965	49 930
	No. of individuals who received an HIV service or referral at High Transmission Area sites	88 189	47 624
	No. of individuals from key populations reached with individual or small group HIV-prevention interventions designed for the target population	40 965	21 133
	No. of active lay counsellors on stipend	705	705
	No. of clients tested (including antenatal)	2 000 000	1 433 290
	No. of health facilities offering Male Medical Circumcision	74	74
	No. of Male Medical Circumcision performed	21 887	9 601
	No. of people started on Post Exposure Prophylaxis (PrEP)	31 660	28 520
	New sexual assault case HIV negative issued with Post Exposure Prophylaxis (PrEP)	5 548	1 073
	Antenatal clients initiated on Antiretroviral Therapy (ART)	6 811	2 115
	Number of infant PCR test around 10 weeks	14 607	11 043
	No. of new patients started on treatment	53 515	25 772
	No. of patients on Antiretroviral Therapy (ART) remaining in care	366 786	324 306
	HIV new positive screened for TB	34 258	15 931
	Patients on Antiretroviral Therapy (ART) initiated on Tuberculosis Preventative Therapy	22 839	9 926
	No. of doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	200	677
	No. of nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1 500	5 559
	No. of non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1 500	4 098
	Antiretroviral Therapy (ART) patients decanted to Differentiated Model of Care (DMoC)	120 690	133 546
	Antiretroviral Therapy (ART) patients enrolled to FAC-PUP (Facility Pick-up points)	46 531	-
	Antiretroviral Therapy (ART) patients enrolled to AC (Adherence Clubs)	23 266	-
	Antiretroviral Therapy (ART) patients enrolled to EX-PUP (External Pick-up points)	162 859	-
TB control component	Number of people tested for TB using GeneXpert	292 786	296 557
	Number of eligible HIV-positive patients tested for TB using urine lipoarabinomannan assay (U-LAM) test	45 000	32 250
	DS-TB treatment start rate (under 5 years. and 5 years. and older combined)	90%	84%
	TB Rifampicin Resistant / MDR/ pre-XDR treatment start rate	90%	55%

Amount per amended DORA (R'000)	R 1 764 865
Amount received (R'000)	R 1 764 865
Reasons if amount per DORA was not received	All amounts received
Amount spent by the Department (R'000)	R 1 764 865
Reasons for under Expenditure	Grant allocation fully spent
Reasons for target deviation and measures taken to improve performance HIV/AIDS	<p>At the end of the financial year 2023/2024 showed that the Province had achieved the first 90 with 94.2 % of persons aware of their status, an improvement from the 91,7% achieved at the end of the previous financial year. The Province is underperforming in the 2nd 90 with an achievement of 64.8%, a 0.8% decrease from the achievement at the end of 2023/2024. It is positive to note that there the improvement between 2021/2022 and 2022/2023 of 7% has been maintained throughout 2023/2024 (Source: DHIS) When the 2nd 90 is reported using the provincial health data center (Source: PHDC) this performance further increases to 72%. The Province continues to achieve the 3rd 90 with 92% of clients virally suppressed reported on DHIS, slightly lower than the 89% reported on PHDC.</p> <p>Notable achievements in the HIV/AIDS programme include successful achievement against target in the following indicators:</p> <ul style="list-style-type: none"> · Number of clients retained in care at the end of 2023/2024 · Number of High Transmission Areas (HTA) intervention sites. · Number of facilities offering Voluntary Medical Male Circumcision. · Number of Drs trained in HIV/AIDS TB and other chronic conditions. · Number of nurses trained in HIV/AIDS TB and other chronic conditions. · Number of nonprofessionals trained in HIV/AIDS TB and other chronic conditions. <p>In addition to the indicators in which the Province successfully achieved the targets, areas showing improvement included:</p> <ul style="list-style-type: none"> · Male condom distribution increasing from 61% to 73% · Pre-Exposure Prophylaxis (PrEP) where performance increased from 45% in 2022/2023 to 71% in 2023/2024 · Increase in number of clients from key populations reached at High Transmission Areas (HTA) sites · Number of High Transmission Areas (HTA) sites increased in order to reach migrant population <p>Key programmatic highlights include the 88% of clients retained in care, consistent achievement from 2022/2023. 94% of target achieved for female condoms. This performance is sustained from the increase seen during the stock-out of male condoms. The Province has achieved 80% against eligible of clients for PCR tests done around 10 weeks. The Province has maintained its performance of just over 70% for number of clients tested against target over the last 3 financial years. This could be due to a decrease in HIV positivity or incorrect target. The Province has since reduced the target for the current year but complementing this with the addition of an increased HIV self-screen test target for 2024/2025.</p> <p>Implementation strategies are continued to be supported with capacity building where People Development Center (PDC) training for HAST has been above target for Drs (339%), Nurses (371%) and nonprofessionals (273%) all supported by the PDC online school and online learning platforms.</p> <p>ACSM activities included STI/Condom week as well as World Aids Day Jamboree that took place on 01 December 2023. The theme of the day was let communities lead, which was both a commemoration of achievements towards ending the HIV/AIDS epidemic, as well as increase awareness and agency. The specific focus was youth, where dialogue sessions were held covering topics such as sexual and reproductive health, adolescent and youth friendly services as well as TB. The event was attended by 196 participants, accessing services and partaking in the dialogue. Key themes emerging was an increasing awareness amongst youth about services available, and access to these services, despite the stigma and discrimination when accessing some services. The day concluded with a strong call to Province to co-create healthcare services with youth.</p> <p>Key policy changes for the 2023/2024 financial year include updating of the HIV self-screening update, updated Antiretroviral Therapy (ART), VTP guidelines, and management of clients of sexual assault.</p> <p>Challenges and remedial action The HIV/AIDS programme has had challenges due to incorrect targets, as well as implementation challenges.</p> <p>For ANC clients started on Antiretroviral Therapy (ART), the target was 6811 clients with the Province initiating 2115, amounting to 31% performance. When examining the number of clients initiated (2115) against eligible clients (3391) the actual performance doubles to 62%.</p> <p>The same trend is seen with infant PCR tested around 10 weeks with performance against target being 74%, increasing to 80% when looking at infant PCR tested around 10 weeks against eligible clients.</p>

<p>Reasons for target deviation and measures taken to improve performance HIV/AIDS</p>	<p>For clients started on Antiretroviral Therapy (ART), the target of 53515 clients were higher than the number of clients that have tested positive for the year. The Province initiated 25743 clients on Antiretroviral Therapy (ART), a performance of 48%. This does not accurately reflect the Antiretroviral Therapy (ART) initiation performance in the Province where this increases to 93% of eligible clients initiated on Antiretroviral Therapy (ART) for 2023/2024.</p> <p>The Province experienced a delay in the appointment of NPO service providers. This has seen two major impacts, one on High Transmission Areas (HTA) services and one on Voluntary Medical Male Circumcision (VMMC). Regarding High Transmission Areas (HTA), there was low performance in Q1 and Q2 in terms of number of active High Transmission Areas (HTA) sites, number of clients seen at High Transmission Areas sites as well as number of clients from key and vulnerable populations seen at High Transmission Areas sites. Q3 saw an improvement in performance once providers were appointed, with further improvement in Q4 through strengthening the reporting mechanism between NPO, CD office and SPC.</p> <p>There were no contracted RHS and MHS Voluntary Medical Male Circumcision (VMMC) providers for Q1 and Q2, but provincial Male Medical Circumcision (MMC) procedures continued, albeit at a very low rate. SLA with providers were signed in March 2024 for RHS. This was supported by onboarding for both MHS and RHS.</p> <p>The Province notes the increasing incidence of Male Urethritis syndrome new episodes treated. The Province has recorded 49 918 cases and is working towards strengthening the use of partner notification slips, promotion of condom usage through various ACSM activities, integrated STI prevention messaging through strengthened collaboration with partners. Further low performing indicators include issue of Post Exposure Prophylaxis (PrEP) to survivors of sexual assault. This has been explored with Forensic Pathology Services where circular H37/2024 Management of survivors of sexual assault was released. Ongoing discussions are taking place between partners who are custodians of this data and provincial data systems may not have comprehensive data on this indicator. Lastly, there has also been discussions around incongruity between target and number of eligible clients.</p>
<p>TB Control</p>	<p>At the end of the financial year 2023/2024 showed that the Province achieved a 101% achievement in the number of people tested for TB using GeneXpert/ TB NAAT. This is correlated to a 14,9% positivity rate meaning the Province is still finding missing cases.</p> <p>Performance for DS TB treatment start for both adults and children under 5 was 84%, a 5% reduction in the performance of 89% of clients started on DS TB treatment in 2022/2023.</p> <p>RR TB treatment start is 55%, consistent performance from 2022/2023.</p> <p>Notable achievements in the TB programme include successful achievement in the following indicators:</p> <ul style="list-style-type: none"> · Number of people tested using GeneXpert · The Province continues to collaborate with service providers in providing TB services across the Province <p>Key programmatic highlights include release of Circular H84/2024 systematic screening for TB using targeted testing as well as H85/2024- community SOP for TUTT sputum collection. Within community, 19 768 clients were screened for TB, with 5553 sputum tests done at community level.</p> <p>The Province has progressed well in the number of clients started on BPAL, since the released of the BPAL circular, there is a noted discrepancy between the number of clients initiated on BPAL reflected in the weekly NDOH BPAL dashboard compared to the dispensing data available in Province.</p> <p>ACSM activities included World TB Day Celebrations in Drakenstein municipality. The TB day celebrations were supported by buildup activities in the community, supported by NPO partners. The day incorporated health screening and testing (Chronic Diseases, HIV/AIDS, Pap smears and voluntary medical male circumcision Male Medical Circumcision (MMC) and TB testing) aimed at showcasing the intersections of TB across Health priorities and highlighting the need for an integrated approach to end TB. The highlight of the day was the celebration of clients who successfully completed their RR TB treatment. The day had a positive yield with over 1000 persons reached via radio means, and over 600 in-person attendances at the event.</p> <p>Key policy changes for the 2023/2024 financial year include updated guidance for management of RR TB (BPAL), circular and community SOP on systematic screening for TB using TUTT.</p> <p>Challenges and remedial action:</p> <p>Challenges across the TB programme include initiation of HIV clients on TB Preventive Therapy (TPT). Urine lipoarabinomannan assay (U-LAM) reporting remains a challenge with the Province currently looking at the flow of information from point of contact tests into routine data systems. The proxy of number of kits issued is aligned to the number of clients that would be eligible for testing with urine lipoarabinomannan assay (U-LAM), Province has to however accurately record and report positive test results.</p> <p>Overall, the TB programme is still challenged by high loss to follow up rate strongly influenced by social drivers. The Province is taking a whole of society approach to addressing TB with service design changes including counselling strategy and differentiated models of care being examined as mechanisms to support the current diagnostic and treatment modalities available to adult and paediatric patients.</p>

Transferring Department	National Department of Health		
Component Name	District Health Programmes Grant: District Health Component		
Grant Purpose	<p>To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019–2023.</p> <p>To enable the health sector to prevent cervical cancer by making available HPV vaccinations for Grade 5 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme.</p> <p>To ensure provision of quality community outreach services through ward-based primary health care outreach teams by ensuring community health workers receive remuneration, tools of trade and training in line with scope of work.</p>		
Expected Outputs	Performance Indicators	Annual Target	Actual Achieved
	HPV		
	80 per cent of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV first dose in public or special schools	80% of girls vaccinated	91%
		80% schools visited per calendar year	100%
	80 per cent of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV second dose in public or special schools (The second dose will be discontinued from 2024)	80%	78%
	80 per cent of public and special schools with Grade 5 girls visited	80%	100%
Community Health Workers	Number of community health workers receiving a stipend	3 976	3 966
	Number of community health workers trained	3 981	8 866
	Number of HIV clients lost to follow-up traced	23 828	45 051
	Number of TB clients lost to follow-up traced	8 000	13 746
	Community outreach services (COS) services to households: first and follow up visit	2 514 168	1 769 246
Amount per amended DORA (R'000)	R 217 764		
Amount received (R'000)	R 217 764		
Reasons if amount per DORA was not received	All amounts received		
Amount spent by the Department (R'000)	R 217 764		
Reasons for under expenditure	Grant allocation fully spent		
Reasons for target deviation and measures taken to improve performance HPV	<p>Although target was reached, poor return of consent forms and hesitancy to sign consent for the HPV vaccines remains a challenge.</p> <p>The second round: 2024 provides opportunity for catch-up of the HPV vaccine.</p>		
Reasons for target deviation and measures taken to improve performance Community Health Workers	<p>The community outreach services (COS) grant has achieved on its deliverables for number of CHWs appointed. Although this was a slow process, there was a quarter on quarter reduction in the number of vacancies reducing from 110 vacancies in quarter1 2023/2024 to 10 vacancies in quarter four 2022/2023, a post fill rate of 99%. The number of trainings exceeded the number of CHWs providing sufficient opportunity for CHWs to be upskilled, aligned with the policies released throughout the year. The target for number of defaulters for TB and HIV traced has been reached, but further investigation is needed as to why this is not reflecting in the TB and HIV cascades. Lastly, efforts are underway and being led by area-based teams under the violence prevention unit to look at community safety, currently one of the big barriers to achieving the target for household visits completed. This indicator was not reported in 2022/2023, and the current performance of 70% will form the baseline performance moving into 2024/2025.</p>		

Human Resource Training Grant

Transferring Department	National Department of Health		
Grant Name	Human Resource Training Grant: Statutory Human Resource Component & Training Component		
Grant Purpose	<p>To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance.</p> <p>Support Provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.</p>		
Expected Outputs	Performance indicators	Annual Target	Actual Achieved
	Number of Registrars	163	163
	Medical Officer Community Service	78	78
	Pharmacist Community Service	13	13
	Clinical Psychology Interns	8	8
	Dentist Community Service	1	1
	Number of Medical Specialists	36	36
	Number of Medical Interns	403	403
	Number of Clinical Supervisors: Professional Nurses	457	457
	Number of Clinical Supervisors: Radiographers	50	46
Amount per amended DORA (R'000)	R 887 123		
Amount received (R'000)	R 887 123		
Reasons if amount per DORA was not received	The full amount was received		
Amount spent by the Department (R'000)	R 887 123		
Reasons for under expenditure	Grant allocation fully spent		
Reasons for target deviation and measures taken to improve performance	<p>The academic year follows a calendar year while the grant follows a financial year cycle. This results in the financial year spanning two enrolment cycles.</p> <p>The growth in the grant funding has not kept up with inflation over the last few years which resulted in a significant funding gap.</p> <p>A significant contribution by the equitable share is required to bridge this funding gap.</p> <p>In the management of the Human Resource Training Grant, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.</p>		
Monitoring mechanism by the receiving Department	Quarterly reports and Annual reports, as prescribed by the DORA, are submitted to the National Department of Health, the National Treasury, and the Provincial Treasury. Financial management of the grant aligns with Public Finance Management Act principles.		

National Tertiary Services Grant

Transferring Department	National Department of Health		
Grant Purpose	<p>Ensure the provision of tertiary health services in South Africa.</p> <p>To compensate tertiary facilities for the additional costs associated with the provision of these services.</p>		
Expected Outputs	Performance Indicators	Annual Target	Actual Achieved
	Number of approved and funded tertiary services provided by the Western Cape Department of Health and Wellness	46	46
	Day patient separations – Total	9 882	10 504
	Inpatient days – Total	815 543	1 213 842
	Inpatient separations – Total	126 414	102 054
	Outpatient first attendances	177 707	167 893
	Outpatient follow-up attendances – Total	476 439	538 212
Amount per amended DORA (R'000)	R 3 332 007		
Amount received (R'000)	R 3 332 007		
Reasons if amount per DORA was not received	Full amount received		
Amount spent by the Department (R'000)	R 3 332 007		
Reasons for under expenditure	Grant allocation fully spent		
Reasons for target deviation and measures taken to improve performance	<p>As a schedule 4 grant the service outputs are subsidised by the NTSG, as the grant funding is insufficient to fully compensate for the service outputs. Deviation from targets therefore does not necessarily reflect an under-performance in terms of the grant funding received. Similarly, when service outputs exceed the expected outputs, it does not mean that funding levels are adequate as the levels of support from the equitable share to fund deficits vary.</p> <p>Numerous policy gaps and a lack of systematic planning are hampering the performance of the grant. The recommendations and work performed by the National Conditional Grant Task team to establish a Tertiary Services plan need to be further implemented. This is an essential step towards ensuring equity in access to tertiary services and appropriate funding allocations and to guide Provinces to improve performance on the grant-related activities.</p> <p>The funding challenges, and the quantification thereof, are communicated to the NDoH and it is hoped that the various concerns raised will be further addressed in the upcoming financial year.</p>		
Monitoring mechanism by the receiving Department	Submission of Monthly In-Year Monitoring (IYM) and Finance Variance Reports as well as Quarterly Reports to various spheres of government including NDoH in terms of section 11(4)(b) and section 12(2)(c) in respect of schedule 4, 5, or 7 allocations of DORA.		

Health Facility Revitalisation Grant

Transferring Department	National Department of Health		
Grant Purpose	<p>To help to accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health.</p> <p>To help on replacement and commissioning of health technology in existing and revitalised health facility.</p> <p>To enhance capacity to deliver health infrastructure.</p> <p>To accelerate the fulfilment of the requirements of occupational health and safety.</p>		
Expected Outputs	Performance Indicators	Annual Target	Actual Achieved
	Number of primary health care (PHC) facilities constructed or revitalised ⁴	2	2
	Number of hospitals constructed or revitalised ⁵	-	-
	Number of facilities maintained, repaired or refurbished ⁶	8	8
	Note: Target was revised mid-year from 18 to 8		
Amount per amended DORA (R'000)	R 843 165		
Amount received (R'000)	R 843 165		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 843 165		
Reasons for under expenditure	Allocation was fully spent		
Reasons for target deviation	Targets were achieved		
Measures taken to improve performance	<p>Performance continues to be consistently monitored and the Department remains focused on the following overall strategies with respect to infrastructure planning and delivery:</p> <ul style="list-style-type: none"> Continue to overcommit on projects per financial year to overcome unforeseen circumstances which could contribute to underspending of the allocated budget Prioritise established pipeline of projects, which assists with cashflow planning Utilise alternative implementing strategies e.g. framework agreements and management contractor for infrastructure projects Finalise the appointment of additional implementing partners Use standard designs to shorten design processes Continue with the implementation of the Infrastructure Delivery Management System through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One Infrastructure Delivery Management System Reprioritise funds as soon as the risk of infrastructure under expenditure is raised 		
Monitoring mechanism by the receiving Department	<p>Monthly infrastructure projects progress review and maintenance management review meetings with the Western Cape Department of Infrastructure as the Implementing Agent, project meetings and site meetings. In addition to this, monthly cash flow meetings continue to ensure that cash flows on a project level are monitored. The Implementing Agent records progress on its project management system. In addition to this, the Department uses the Project Management Information System to update project information and progress.</p>		

⁴ This figure refers to PHC facilities where capital infrastructure projects categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion (or equivalent) in 2023/24.

⁵ This figure refers to hospitals where capital infrastructure projects categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion (or equivalent) in 2023/24.

⁶ This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments or Scheduled Maintenance achieved Practical Completion (or equivalent) in 2023/24.

Expanded Public Works Programme Integrated Grant for Provinces

Transferring Department	National Department of Public Works and Infrastructure		
Grant Purpose	<p>To incentivise provincial departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines:</p> <ul style="list-style-type: none"> • Road maintenance and the maintenance of buildings • Low traffic volume roads and rural roads • Other economic and social infrastructure • Tourism and cultural industries • Sustainable land-based livelihoods • Waste management 		
Expected Outputs	Performance indicators	Annual target	Actual achieved
	Number of people employed and receiving income through the EPWP	48	30
	Number of days worked per work opportunity created	230	230
	Number of full-time equivalents (FTEs) to be created through the grant	13	9
Amount per amended DORA (R'000)	R 1 945		
Amount received (R'000)	R 1 945		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 1 945		
Reasons for under Expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	<p>The annual target was to appoint 48 people. However, due to the salary adjustment, the monthly stipend increased from R3,738.25 to R4,288.50, which made it possible to only appoint 41 people. The reduction in people at the end of the financial year is due to six people appointed in permanent positions in government, four resignations to accept positions in the private sector and 1 abscondment. No attempts were made to fill these positions as there was already a shortfall due to the salary adjustment and subsequent budget cut of R210,000 during the adjusted budget period. The shortfall was covered through Sub-programme 7.2.</p> <p>Note: The target for the number of days worked per work opportunity created, although set, was erroneously not published in the Department's Annual Performance Plan 2023/24.</p>		
Monitoring mechanism by the Receiving Department	<p>Projects are monitored at various levels:</p> <p>One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.</p> <p>Written feedback received from facilities. Attendance registers are maintained daily.</p> <p>Weekly and monthly progress reports submitted by Team Leaders.</p> <p>Reporting on EPWP Reporting System (EPWPRS) on all activities e.g., attendance, training.</p>		

National Health Insurance Grant

Transferring Department	National Department of Health		
Grant Name	National Health Insurance Grant Health Practitioners Contractors Mental Health		
Grant Purpose	Implementation of a strategic purchasing platform for primary healthcare providers Enhance access to healthcare services for cancer patients Strengthen mental healthcare service delivery in primary healthcare and community-based mental health services Improved forensic mental health services		
Expected Outputs	Performance Indicators	Annual Target	Actual Achieved
Health Practitioners	Health Professionals appointed for a number of sessions per week	23 Medical practitioners	21
		5 Dentists	6
		5 Dental Assistants	5
	Number of health practitioners contracted for a number of sessions per week	Medical practitioners = 615 sessions per week	569.5
		Dentists = 147 sessions per week	171
		Dental Assistants = 174 sessions per week	139
	Number of patients treated at primary health care facilities within Comprehensive Package of Care	Patients treated per session within a Comprehensive care package Medical Practitioners: 3 Dentists: 2 Dental Assistants: 2	Medical Practitioners: 3.5 Dentists: 1.7 Dental Assistants: 1.6
Mental Health	Number of health practitioners contracted per category	3 Psychiatrists	2
		2 Psychologists	2
		18 Registered Counsellors	13
	Number of patients screened and treated at primary health care and community-based level	25 040	19 339
	Percentage reduction in the backlog of forensic mental evaluations	(144 of the 360) 40%	161%
	Number of state patients reviewed as out-patients at Valkenberg	144	233
Amount per amended DORA (R'000)	R 36 225		
Amount received (R'000)	R 36 225		
Reasons if amount per DORA was not received	Grant allocation fully spent		
Amount spent by the Department (R'000)	R 36 225		
Reasons for under expenditure	None to report		
Reasons for target deviation and measures taken to improve performance Mental Health	Delay in filling of Psychiatrist post Resignation of registered counsellors Austerity measures causing delays in filling posts		
Monitoring mechanism by the receiving Department	Quarterly Progress Reports and Annual Performance Evaluation Report		

Social Sector Expanded Public Works Programme Incentive Grant for Provinces

Transferring Department	Western Cape Government Treasury		
Grant Purpose	To incentivise Provincial Social Sector Departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential.		
Expected Outputs	Performance indicators	Annual target	Actual Achieved
	Number of Emergency Care Officers receiving stipends	105	105
	Number of Forensic Pathology Assistants receiving stipends	47	47
Amount per amended DORA (R'000)	R 8 730		
Amount received (R'000)	R 8 730		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 8 730		
Reasons for under expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	N/A		
Monitoring mechanism by the receiving Department	Appointed Senior Administrative Clerk contract responsible for implementation and monitoring of Social Sector Incentive Grant.		

Donor Funds

Public Service Improvement Fund – Western Cape Department of Health and Wellness: PMI Integration with the National Health Patient Register System (HPRS)

Name of Donor	EU-Primcare SPS
Full amount of the fund	R369 360
Period of the commitment	Once off commitment from April 2017
Purpose of the fund	<p>The National Department of Health in conjunction with the Council for Scientific & Industrial Research (CSIR) has developed a National Health Patient Registration System (Health patient registration system). The purpose of this system is to be able to store and track patients/beneficiaries across all the Provinces. The benefit of this is that patients/beneficiaries will only need to be registered once country-wide, even if they cross provincial boundaries. A patient will therefore consistently be identified regardless of the Province in which they present.</p> <p>The Western Cape Department of Health and Wellness is the only Province in the country that has developed and implemented a Patient Master Index that spans all hospitals, and the majority of the provincial clinics and local government clinics. As a result, the National Department of Health has requested this Province to enhance the Clinicom Patient Administration System to enable integration with the National Health Patient Registration System.</p>
Expected Outputs	Development of a bi-directional interface between the Clinicom Patient Master Index used in the Western Cape and the National Health Patient Registration System.
Actual Achieved	<p>The development proceeded after an official order was generated and issued to Health System Technologies (HST).</p> <p>The first phase of the Project went live in June 2020. In this phase of work, HST completed the development work for all Clinicom Patient Master Index information and updates to be sent to the Health patient registration system. The feed has been live since June 2020.</p> <p>The second phase of the work remains incomplete i.e., the bi-directional data feed from Health patient registration system to send “incoming messages” to Clinicom. In this phase of work, the Health patient registration system Patient Master Index information will be shared with the Clinicom Patient Master Index, together with the National unique patient/beneficiary number.</p> <p>A Senior Management team from the Department including Nonhlanhla Nkosi, Sibusiso Mkhonza, Robin Dyers, Melvin Moodley, Adam Loff, and Tracy Eastman met with the NDoH team on 14 and 15 February 2024, and it was agreed that we should explore “technical options” for development to complete the bi-directional integration/interoperability between the Western Cape Department of Health and Wellness Clinicom Patient Master Index and the NDoH health patient registration system/health patient registration number. Robin Dyers is taking the discussion forward with the NDoH technical team and HST. A technical working group meeting is scheduled for May 2024.</p>
Amount received in current period (R'000)	-
Amount spent by the Department (R'000)	-
Reasons for under Expenditure	The firsts phase of work was completed. Phase two work to complete the bi-directional feed is dependent on the technical working group from the Western Cape Department of Health and Wellness, the NDoH, and HST exploring the technical options, agreeing on the most appropriate technical solution, and completing the development work and implementation. Monies not spent have been rolled over to the next period.
Monitoring mechanisms by the donor	Via the office of Chief Director, Milani Wolmarans
Funds received in cash or in kind?	Cash

USAID – G2G DONOR FUNDS

Name of Donor	USAID – G2G DONOR FUNDS
Full amount of the fund	R151 480 000 (\$10 million)
Period of the commitment	1 August 2021 to 31 July 2026
Purpose of the fund	<p>Overall Objective:</p> <p>Implementation of the G2G programmes in the Western Cape Department of Health and Wellness that support the identification, initiation, and retention of patients on HIV, TB, and COVID-19 treatment and prevention in ways that integrate with the Western Cape's community-orientated primary-care programme.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> • Strengthening health service delivery and implementing an efficient and well-coordinated response to infectious conditions such as HIV/AIDS, TB and COVID-19 in the Western Cape Province; • Meaningfully addressing barriers confronting client and health worker behaviours to promote long-lasting health outcomes and sustainable health care systems; and • Operationalising innovative public health best practices that are based on community-oriented care, draw from market-based solutions, and holistically address the social determinants of health.
Expected Outputs	The Programme Outcome is the uptake, adoption, or use of outputs by the project beneficiaries

Actual Achieved	<p>Milestones completed 2022/23:</p> <p>Milestone 8: Develop a 12-month Work Plan Covering the Period of 1 April 2022 - 31 March 2023</p> <p>Milestone 9: Proof of implementing G2G cross-level initiative to promote TB program priorities for a minimum the period of 1 April 2022-31 March 2023</p> <p>Milestone 9 Recruitment HR for TB control:</p> <p>Milestone 9.1 Provincial Assistant Director</p> <p>Milestone 9.2 Rural Health Service Assistant Director</p> <p>Milestone 9.3 MHS Assistant Director</p> <p>Milestone 9.4 Rural Health Service Admin clerk</p> <p>Milestone 9.5 Equip the TB response team</p> <p>Milestone 10.1: Support the development and testing of Standard Operating Procedures (SOPs) for household contact tracing and community-based testing and submit proof of completing TB project setup</p> <p>Milestone 10.2-10.10: Conduct 450 TB tests using the revised SOPs</p> <p>Milestone 11: Completion of Final Report</p> <p>G2G Milestones completed:</p> <p>12 Develop 12-month Work Plan Covering the Period of October 2022 to September 2023</p> <p>13.1 Recruit a Deputy Director, Provincial Department of Health and Wellness</p> <p>13.2 Recruit a Programme Clerk, Provincial Department of Health and Wellness</p> <p>13.3 Recruit a Program Manager: City Health HIV, AIDS, sexually transmitted diseases, and tuberculosis (HAST) Support 90-90-90</p> <p>13.4 Recruit a Provincial Program Monitoring and Evaluation Manager</p> <p>13.5 Recruit a Program Clerk - Metro Health Services</p> <p>13.6 Recruit a Stakeholder Manager, Metro Health Services</p> <p>13.7 Recruit an Innovation Manager, Metro Health Services</p> <p>14 Adoption of differentiated models of care program (e-lockers)</p> <p>15.1 Implementation of a telehealth program to reach patients outside of facilities with services</p> <p>15.2 Completion of a cost-effectiveness analysis to support the Clinical Services Innovation Unit at the Provincial Department of Health and Wellness.</p> <p>16 Compile a 12-month Performance Report</p> <p>G2G and TB G2G activities completed:</p> <p>Submit the DD PDOH job contract and job description</p> <p>18.1 Deputy Director, Provincial Department of Health and Wellness</p> <p>18.2 Program Monitoring and Evaluation Manager, Provincial Department of Health</p> <p>18.3 Programme Clerk, Provincial Department of Health and Wellness</p> <p>18.6 Innovation Manager, Metro Health Services</p> <p>18.8 Program Clerk, Metro Health Services</p> <p>18.9 Program Manager: City Health HIV, AIDS, sexually transmitted diseases, and tuberculosis (HAST) Support 90-90-90</p> <p>25.1 Assistant Director for TB Control, Provincial Department of Health and Wellness</p> <p>25.2 Assistant Director for TB Control, Metro Health Services</p> <p>27.1 Assistant Director for TB Control, Rural Health Services</p> <p>27.2 Administrative Clerk for TB Control</p>
	<p>Amount received in current period (R'000)</p> <p>R35 124</p>
	<p>Amount spent by the Department (R'000)</p> <p>R28 347</p>
	<p>Reasons for under Expenditure</p> <p>Milestones are paid out for the full annual amount. Savings within Milestones will be reinvested in the budget allocation for the next work plan.</p>
	<p>Monitoring mechanisms by the donor</p> <p>Via the office of Chief Directorate Emergency and Clinical Services Support: Directorate Service Priority Coordination.</p>
	<p>Funds received in cash or in kind?</p> <p>Cash</p>

Capital Investments

Progress made on implementing capital investment

Expenditure on capital investment during 2023/24 equated to 100%. The budget was reduced by more than R136 million during the adjusted appropriation to assist the service sectors.

The table below reflects the Programme 8 expenditure versus the appropriation for 2022/23 and 2023/24. Under Expenditure for 2022/23 was approximately 7% and decreased to virtually break even in 2023/24.

Programme 8 Expenditure versus the appropriation for 2022/23 and 2023/24

Project category	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and Replacement Assets	87 339	61 138	26 201	156 369	100 367	56 002
Existing Infrastructure Assets	401 111	394 958	6 153	535 026	469 068	65 958
<i>Upgrades and Additions</i>	<i>232 508</i>	<i>208 929</i>	<i>23 579</i>	<i>86 363</i>	<i>58 484</i>	<i>27 879</i>
<i>Rehabilitation, Renovations and Refurbishments</i>	<i>168 603</i>	<i>186 029</i>	<i>(17 426)</i>	<i>84 346</i>	<i>79 509</i>	<i>4 837</i>
Maintenance and Repairs	347 495	331 538	15 957	364 317	331 076	33 241
Infrastructure Transfer Capital	-	-	-	-	-	-
Non-Infrastructure	333 522	381 832	(48 310)	501 777	545 964	(44 187)
Total	1 169 467	1 169 466	1	1 193 172	1 115 356	77 816

Infrastructure projects completed in 2023/24 compared to target

The table below reflects the capital infrastructure projects that were planned to achieve completion in 2023/24 and the reasons for deviations.

Capital infrastructure projects that were planned to achieve completion in 2023/24 and reasons for deviations

Projects scheduled for Practical Completion in 2023/24	Practical Completion (or equivalent) Achieved/Not Achieved in 2023/24	Comments/Reasons for Deviations
Hanover Park - Hanover Park CHC - Demolitions and Fencing	Yes	Practical Completion was achieved on 9 October 2023.
Knysna - Knysna Forensic Pathology Laboratory - Replacement	Yes	Practical Completion was achieved on 20 September 2023.
Observatory - Groote Schuur Hospital - Ventilation and AC refurb Incl. mech installation	Yes	Practical Completion was achieved on 12 April 2023.
Observatory - Observatory Forensic Pathology Laboratory - Completion Works	Yes	Practical Completion was achieved on 25 January 2024.
Paarl - Paarl CDC - Enabling work including fencing to secure new site	Yes	Practical Completion was achieved on 6 February 2024.

Projects scheduled for Practical Completion in 2023/24	Practical Completion (or equivalent) Achieved/Not Achieved in 2023/24	Comments/Reasons for Deviations
Darling - Darling Ambulance Station - Upgrade and Additions incl. wash bay	No	Project delayed due to slow contractor performance.
Knysna - Hornlee Clinic - Replacement	No	Project planned start date amended.
Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	No	Project delayed due to lack of budget availability.
Maitland - Pinelands Ambulance Station (Repl) - Relocation to Alexandra Hospital site	No	Project on hold due to lack of budget availability.
Mitchells Plain - Lentegour Hospital - R, R & R to accommodate Child and Adolescent beds	No	Municipal approval delays.
Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - Acquisition for replacement	No	Tender advertised but no offers were submitted.
Parow - Tygerberg Regional Laundry - New linen warehouse	No	Project is delayed, as it is linked to the new warehouse for Tygerberg Hospital, which was delayed due to site relocation.
Parow - Tygerberg Hospital - New warehouse (Alpha)	No	Project delayed due to site relocation.
Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	No	Project is currently in procurement for construction.
Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	No	Construction and extension of time delays negatively impacted on project progress.
Parow - Parow WC Health Warehouse - Mezzanine R, R & R	No	Project on hold due to lack of budget availability.
Primary Health Care - Hybrid Inverters Ph1	No	Hybrid inverters installed at 47 of 48 facilities. Installation at the last facility delayed due to another project being underway on the same site.
Villiersdorp - Villiersdorp Ambulance Station - Replacement	No	Project delayed due to a contractual dispute, which was then resolved.
Worcester - Worcester Hospital - Fire Compliance	No	Project delayed due to consultant information clarification, contractual delays, and decanting requirements.
Worcester - Worcester Hospital - Relocation of MOU	No	Delayed due to poor contractor performance.

Current Infrastructure Projects

The table below lists the capital infrastructure projects per sub-programme that are currently in progress i.e., with an allocation in 2024/25 (including projects in planning, design and construction) and the expected date of Practical Completion. The start date is the date when the strategic brief was issued, and the finish date is the anticipated Practical Completion (or equivalent) date.

Performance Measures for Capital Infrastructure Programme per Sub-Programme

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
1	Cape Winelands	8.1	CI810013: De Doorns - De Doorns CDC - Upgrade and Additions	9-Apr-14	31-Aug-25
2	Cape Winelands	8.1	CI810074: Paarl - Paarl CDC - New	28-Feb-17	30-Sep-26
3	Cape Winelands	8.1	CI810090: Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	2-Jun-22	31-Aug-28
4	Cape Winelands	8.1	CI810162: Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	1-Jun-16	30-Apr-25
5	Cape Winelands	8.1	HCI810020: Ceres - Ceres CDC - Enabling work and rehabilitation	12-Jan-23	29-Aug-24
6	Cape Winelands	8.1	HCI810035: Robertson - Robertson CDC - New	30-Jun-24	31-Dec-29
7	City of Cape Town	8.1	CI810021: Elsie's River - Elsie's River CHC - Replacement	25-May-16	31-Mar-28
8	City of Cape Town	8.1	CI810038: Hanover Park - Hanover Park CHC - Replacement	30-Jun-16	30-Apr-27
9	City of Cape Town	8.1	CI810043: Hout Bay - Hout Bay CDC - Replacement and Consolidation	21-Jun-18	30-Apr-28
10	City of Cape Town	8.1	CI810048: Bothasig - Bothasig CDC - Upgrade and Additions	26-Apr-17	27-Jun-24
11	City of Cape Town	8.1	CI810055: Maitland - Maitland CDC - Replacement	13-Dec-17	30-Jun-28
12	City of Cape Town	8.1	CI810060-0001: Mfuleni - Mfuleni CDC - Fencing to secure new site	12-Aug-22	31-Oct-24
13	City of Cape Town	8.1	CI810062: Philippi - Weltevreden CDC - New	30-Nov-17	30-Sep-26
14	City of Cape Town	8.1	CI810080: Ravensmead - Ravensmead CDC - Replacement	1-Aug-15	28-Feb-26
15	City of Cape Town	8.1	CI810146-0001: Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	16-Aug-22	31-Mar-27
16	City of Cape Town	8.1	CI810240: Khayelitsha - Nolungile CDC - Rehabilitation (Alpha)	1-Mar-21	31-Jul-26
17	City of Cape Town	8.1	CI810248: Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	21-Dec-18	28-Feb-29
18	City of Cape Town	8.1	CI810260: Nyanga - Nyanga CDC - Rehabilitation (Alpha)	21-Apr-21	31-Jul-27
19	City of Cape Town	8.1	CI810274: Retreat - Retreat CHC - Rehabilitation (Alpha)	21-Jan-21	31-Dec-28
20	City of Cape Town	8.1	CI810286: Gugulethu - Gugulethu CHC - MOU rehabilitation	30-Sep-21	30-Apr-29
21	City of Cape Town	8.1	HCI810033: Mfuleni - Mfuleni CDC (Repl) - Replacement	30-Mar-24	31-Dec-29
22	Garden Route	8.1	CI810052: Ladismith - Ladismith Clinic - Replacement	16-Mar-17	30-Jun-24
23	Garden Route	8.1	CI810068: Mossel Bay - George Road Sat Clinic - Replacement	15-Feb-21	31-May-25
24	Garden Route	8.1	CI810307: Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	30-Jul-18	31-Oct-27
25	Garden Route	8.1	HCI810004: Knysna - Hornlee Clinic - Replacement	20-Sep-22	28-Feb-26
26	Overberg	8.1	CI810271: Grabouw - Grabouw CHC - Entrance and Records upgrade	30-Aug-19	31-Jul-29

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
27	Various	8.1	CI810130: Various Facilities 8.1 - Pharmacies rehabilitation	30-Jun-15	30-Nov-27
28	Various	8.1	HCI810025: Primary Health Care - Hybrid Inverters Ph2	1-Mar-24	31-Dec-29
29	West Coast	8.1	CI810086: Saldanha - Diazville Clinic - Replacement	21-Nov-17	30-Nov-25
30	West Coast	8.1	CI810096: Vredenburg - Vredenburg CDC - New	30-Nov-17	30-Apr-30
31	West Coast	8.1	HCI810032: Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8-Jun-23	31-Dec-25
32	Cape Winelands	8.2	CI820050: Paarl - Paarl Ambulance Station - Upgrade and Additions incl. wash bay	28-Dec-22	31-Oct-27
33	City of Cape Town	8.2	CI820057: Maitland - EMS Head Office (Repl) - Replacement	24-Feb-22	30-Nov-25
34	City of Cape Town	8.2	CI820059: Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - Acquisition for replacement	5-Aug-22	30-Jun-25
35	Overberg	8.2	CI820027: Villiersdorp - Villiersdorp Ambulance Station - Replacement	26-Jun-17	30-Apr-24
36	Various	8.2	HCI820013: Emergency Medical Rescue Services - Hybrid inverters (Framework Contract)	1-Mar-23	31-Dec-26
37	West Coast	8.2	CI820033: Darling - Darling Ambulance Station - Upgrade and Additions incl. wash bay	1-Jun-16	15-Jun-24
38	West Coast	8.2	HCI820005: Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha)	21-Jul-23	29-Nov-24
39	Cape Winelands	8.3	CI830034: Montagu - Montagu Hospital - Rehabilitation	1-Mar-19	28-Feb-29
40	Cape Winelands	8.3	CI830044: Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	2-Oct-18	31-Jul-29
41	Cape Winelands	8.3	CI830120: Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	28-Feb-18	31-May-26
42	Cape Winelands	8.3	CI830122: Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	26-Oct-17	22-Jun-24
43	Cape Winelands	8.3	HCI830042: Robertson - Robertson Hospital - Interim EC	19-Oct-23	22-Aug-24
44	Central Karoo	8.3	CI830002: Beaufort West - Beaufort West Hospital - Rationalisation	9-Oct-18	28-Feb-30
45	City of Cape Town	8.3	CI830015: Eerste River - Eerste River Hospital - Acute Psychiatric Unit	23-Feb-15	14-Jan-25
46	City of Cape Town	8.3	CI830021: Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	23-Feb-15	14-Jan-25
47	City of Cape Town	8.3	CI830119: Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	19-Dec-17	30-Apr-31
48	City of Cape Town	8.3	CI830121: Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha)	30-Nov-17	5-Sep-24
49	City of Cape Town	8.3	CI830124: Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	24-Dec-18	28-Feb-28
50	City of Cape Town	8.3	CI830127: Bellville - Karl Bremer Hospital - Demolitions and parking	19-Dec-17	31-Jul-28
51	City of Cape Town	8.3	CI830131: Atlantis - Wesfleur Hospital - Record Room extension	24-Dec-18	31-Jul-25
52	City of Cape Town	8.3	CI830142: Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	14-Oct-19	30-Jun-26

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
53	City of Cape Town	8.3	CI830144: Mitchells Plain - Mitchells Plain Hospital - Fire doors	13-Aug-19	31-Oct-24
54	City of Cape Town	8.3	CI830150: Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	13-May-22	28-Feb-29
55	City of Cape Town	8.3	CI830184: Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079	31-Oct-23	30-Jun-27
56	City of Cape Town	8.3	HC1830038: Atlantis - Wesfleur Hospital - Linen bank and waste management relocation	19-Jun-23	7-May-24
57	Garden Route	8.3	CI830067: Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	15-Oct-18	31-Dec-28
58	Overberg	8.3	CI830117: Swellendam - Swellendam Hospital - Acute Psychiatric Ward	1-Jun-16	31-Jan-26
59	Overberg	8.3	CI830123: Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	3-Jul-17	1-Feb-24
60	Various	8.3	CI830073: District Hospitals - Pharmacies rehabilitation (Alpha)	30-Jun-15	30-Apr-27
61	Various	8.3	HC1830020: District Hospitals - Photovoltaic Panels installation	1-Jun-23	31-Mar-27
62	Various	8.3	HC1830020: District Hospitals - Photovoltaic Panels installation	1-Jun-23	31-Mar-27
63	Various	8.3	HC1830041: District Hospitals - PV Panels installation (Framework Contract)	31-May-24	31-Mar-28
64	West Coast	8.3	CI830116: Piketberg - Radie Kotze Hospital - Hospital layout improvement	1-Jun-16	31-Dec-25
65	Cape Winelands	8.4	CI840053: Worcester - Worcester Hospital - Fire Compliance	1-Apr-15	31-May-24
66	Cape Winelands	8.4	CI840061: Worcester - Worcester Hospital - Relocation of MOU	14-Feb-18	29-May-24
67	Cape Winelands	8.4	CI840089: Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	4-Nov-19	25-Jun-24
68	Cape Winelands	8.4	CI840119: Paarl - Paarl Hospital - Fire compliance (Alpha)	26-Jun-23	30-Jun-30
69	Cape Winelands	8.4	CI840122: Worcester - Brewelskloof Hospital - Fire compliance (Alpha)	26-Jun-23	30-Jun-30
70	Cape Winelands	8.4	HC1840006: Paarl - Paarl Hospital - Rooftop Chiller Replacement	31-Mar-21	10-May-24
71	City of Cape Town	8.4	CI840008: Green Point - New Somerset Hospital - Rehabilitation of theatres and ventilation	22-May-15	31-May-24
72	City of Cape Town	8.4	CI840010: Green Point - New Somerset Hospital - Acute Psychiatric Unit	23-Feb-15	23-Jan-25
73	City of Cape Town	8.4	CI840016: Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	1-Apr-10	31-Dec-27
74	City of Cape Town	8.4	CI840019: Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	13-Aug-09	31-Jul-30
75	City of Cape Town	8.4	CI840025: Belhar - Belhar Regional Hospital - New	30-Apr-22	31-Dec-32
76	City of Cape Town	8.4	CI840055: Manenberg - Klipfontein Regional Hospital - Replacement Ph1	3-Dec-18	31-Aug-33
77	City of Cape Town	8.4	CI840066: Green Point - New Somerset Hospital - R, R and R (Alpha)	30-Jun-24	30-Nov-30
78	City of Cape Town	8.4	CI840067: Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	18-Mar-18	30-Nov-28

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
79	City of Cape Town	8.4	CI840070: Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	1-Mar-18	31-May-26
80	City of Cape Town	8.4	CI840082: Mitchells Plain - Lentegeur Hospital - Ward rehabilitation framework	30-Oct-24	30-Nov-30
81	City of Cape Town	8.4	CI840097: Stikland - Stikland Hospital - Rehabilitation of water reticulation system	30-Jul-22	31-Oct-27
82	City of Cape Town	8.4	CI840117: Brooklyn - Brooklyn Chest Hospital - Fire compliance (Alpha)	28-Jun-23	28-Feb-30
83	City of Cape Town	8.4	CI840120: Observatory - Valkenberg Hospital - Fire compliance (Alpha)	28-Jun-23	30-Jun-30
84	City of Cape Town	8.4	CI840123: Green Point - New Somerset Hospital - Fire compliance (Alpha)	28-Jun-23	31-Dec-27
85	City of Cape Town	8.4	CI840124: Mowbray - Mowbray Maternity Hospital - Fire compliance (Alpha)	30-Sep-23	28-Feb-30
86	City of Cape Town	8.4	HCI840012: Mitchells Plain - Lentegeur Hospital - R, R & R to accommodate Child and Adolescent beds	14-Sep-22	9-Jul-24
87	City of Cape Town	8.4	HCI840013: Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	15-Sep-22	31-Oct-26
88	Garden Route	8.4	CI840083: George - George Hospital - Wards R, R and R (Alpha)	10-Jul-19	31-Dec-29
89	Garden Route	8.4	CI840121: George - Harry Comay Hospital - Fire compliance (Alpha)	28-Jun-23	30-Jun-30
90	Various	8.4	HCI840019: Provincial Hospitals - Photovoltaic Panels installation	1-Jun-23	31-Mar-27
91	Various	8.4	HCI840019: Provincial Hospitals - Photovoltaic Panels installation	1-Jun-23	31-Mar-27
92	Various	8.4	HCI840033: Provincial Hospitals - PV Panels installation (Framework Contract)	31-May-24	31-Mar-28
93	West Coast	8.4	CI840118: Malmesbury - Malmesbury ID Hospital - Fire compliance (Alpha)	28-Jun-23	30-Jun-30
94	West Coast	8.4	HCI840017: Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	30-Mar-24	31-May-27
95	City of Cape Town	8.5	CI850005: Observatory - Groote Schuur Hospital - EC Rehabilitation	3-Jul-10	31-Mar-29
96	City of Cape Town	8.5	CI850005-0001: Observatory - Groote Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation	1-Apr-23	31-Jul-27
97	City of Cape Town	8.5	CI850031: Parow - Tygerberg Hospital - Replacement Enabling - ICT Cable Relocation	22-Jun-23	31-May-26
98	City of Cape Town	8.5	CI850048: Parow - Tygerberg Hospital - Medical Gas Rehabilitation	2-May-17	31-Jul-27
99	City of Cape Town	8.5	CI850056: Observatory - Groote Schuur Hospital - R and R to Outpatient Department (Alpha)	9-Feb-21	31-Jan-31
100	City of Cape Town	8.5	CI850074: Parow - Tygerberg Hospital - Hot water system rehabilitation	28-Feb-19	27-Jun-24
101	City of Cape Town	8.5	CI850075: Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr, incl. earthing, lightning protection	29-Mar-19	31-May-25
102	City of Cape Town	8.5	CI850078-0001: Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	2-Jun-19	31-Jan-33
103	City of Cape Town	8.5	CI850078-0008: Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward J1EC and Trauma	30-Nov-21	31-Aug-28
104	City of Cape Town	8.5	CI850082-0003: Parow - Tygerberg Hospital - External and Internal Logistics - Signage	14-May-19	31-Mar-25

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
105	City of Cape Town	8.5	CI850083: Parow - Tygerberg Hospital - Fire Safety	15-Apr-19	28-Feb-29
106	City of Cape Town	8.5	CI850083-0001: Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl. mechanical work	15-Apr-19	31-Aug-27
107	City of Cape Town	8.5	CI850092: Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	13-Nov-20	31-Dec-24
108	City of Cape Town	8.5	CI850116: Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	30-Sep-21	31-May-26
109	City of Cape Town	8.5	CI850117: Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	30-Sep-21	31-May-26
110	City of Cape Town	8.5	CI850124: Observatory - Groote Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear	15-Feb-23	1-Apr-31
111	City of Cape Town	8.5	CI850128: Observatory - Groote Schuur Hospital - Vent and AC refurb incl. mech installation Floor C Part 2	25-Jul-17	30-Nov-29
112	City of Cape Town	8.5	CI850129: Observatory - Groote Schuur Hospital - Vent and AC refurb incl. mech installation Floor D Part 1	25-Jul-17	1-Dec-28
113	City of Cape Town	8.5	CI850134: Observatory - Groote Schuur Hospital - Vent and AC refurb incl. mech installation Floors A, B	25-Jul-17	12-Jan-27
114	City of Cape Town	8.5	CI850137: Parow - Tygerberg Hospital - Replacement Enabling - Parking and Helistop replacement	22-Jun-23	31-Mar-26
115	City of Cape Town	8.5	CI850138: Parow - Tygerberg Hospital - Replacement Enabling - Demolitions	22-Jun-23	31-Mar-26
116	City of Cape Town	8.5	HCI850002: Parow - Tygerberg Hospital - Replacement (PPP)	1-Apr-12	30-Jun-32
117	City of Cape Town	8.5	HCI850013: Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	31-Mar-23	31-Mar-27
118	City of Cape Town	8.5	HCI850015: Parow - Tygerberg Hospital - New warehouse (Alpha)	25-Oct-22	28-Aug-24
119	City of Cape Town	8.5	HCI850016: Parow - Tygerberg Hospital - Protea Court Office Accommodation Rehab	2-Feb-23	30-Jun-25
120	City of Cape Town	8.5	HCI850019: Rondebosch - Red Cross War Memorial Children Hospital - Photovoltaic Panels	1-Jul-23	30-Jun-24
121	City of Cape Town	8.5	HCI850020: Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation	30-Mar-24	31-Dec-26
122	City of Cape Town	8.5	HCI850037: Parow - Tygerberg Hospital - Replacement Enabling - R, R and R to Sarleh Dollie Precinct	30-Nov-23	30-Apr-26
123	Cape Winelands	8.6	CI860025: Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	1-Apr-12	31-May-29
124	City of Cape Town	8.6	CI860016: Pinelands - Orthotic and Prosthetic Centre - Upgrade	17-Dec-14	18-Nov-24
125	City of Cape Town	8.6	CI860057: Mitchells Plain - Lentegour Laundry - Upgrade and Additions to Dirty Linen Area	15-Oct-19	30-Nov-25
126	City of Cape Town	8.6	HCI860007: Parow - Tygerberg Regional Laundry - New linen warehouse	25-Oct-22	28-Aug-24
127	City of Cape Town	8.6	HCI860008: Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha)	30-Mar-24	30-Mar-26
128	Overberg	8.6	HCI860021: Caledon - Overberg District Office - Replacement	30-Apr-25	30-Mar-27
129	Various	8.6	HCI860028: Forensic Services - Hybrid inverters (Framework Contract)	1-Mar-23	31-Dec-26

Facilities that were closed or downgraded in 2023/24

Facilities closed in 2023/24

Facility Name	Ownership and comment
Onrus Satellite Clinic	Facility owned by the Western Cape Department of Health and Wellness

It should be noted that four mobile clinics closed down in 2023/24. These are not reported on as mobiles are not considered capital in nature.

City of Cape Town facilities closed and services amalgamated with the Western Cape Department of Health and Wellness facilities in 2023/24

None.

Facilities opened in 2023/24

None.

Reclassification of facilities in 2023/24

Facility Name	Reclassification
Abbotsdale Clinic	Previously Abbotsdale Satellite Clinic, but services were extended and opened as a clinic.
Chatsworth Clinic	Previously Chatsworth Satellite Clinic, but services were extended and opened as a clinic.
Alphen Clinic	Closed and opened as Alphen Satellite Clinic.
Elands Bay Clinic	Closed and opened as Elands Bay Satellite Clinic.
Wupperthal Clinic	Closed and opened as Wupperthal Satellite Clinic.
Knysna Sub-acute Intermediate Care	Reclassified as an NPO run organisation.

Current State of Capital Assets

As stipulated in the Government Immovable Asset Management Act, 2007, the Department annually prepares a User Asset Management Plan. According to the Department's 2024/25 User Asset Management Plan, the current state of the Department's capital assets is as below.

Current Condition of State-owned Facilities

Current Condition of State-owned Facilities		
Condition Status	Number of Facilities	Percentage
C5	22	6%
C4	121	35%
C3	180	52%
C2	25	7%
C1	-	0%

Condition ratings are determined based on the Condition Rating Index below:

Condition Rating Index		
Condition Status	General Description	Rating
Excellent	The appearance of building/accommodation is brand new. No apparent defects. No risk to service delivery.	C5
Good	The building is in good condition. It exhibits superficial wear and tear, with minor defects and minor signs of deterioration to surface finishes. Slight risk to service delivery. Low cost implication.	C4
Fair	The condition of building is average, deteriorated surfaces require attention, services are functional, but require attention. Backlog of maintenance work exists. Medium cost implications.	C3
Poor	The general appearance is poor, building has deteriorated badly. Significant number of major defects exist. Major disruptions to services are possible, high probability of health risk. High cost to repair.	C2
Very Poor	The accommodation has failed, is not operational and is unfit for occupancy.	C1

Maintenance

Progress made on the maintenance of infrastructure

The table below provides a summary of the budget and expenditure, per maintenance category, for 2023/24.

Summary of the budget and expenditure, per maintenance category 2023/24.

Maintenance Per Category	2023/24		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000
Maintenance – Corrective			
PES: Infrastructure	74 604	69 387	5 217
PES: Tygerberg	20 000	16 661	3 339
Maintenance – Corrective (Management Contract)			
PES: Infrastructure	6 879	5 404	1 475
Maintenance – Emergency			
PES: Infrastructure	11 985	21 396	(9 411)
Maintenance – Preventative			
PES: Infrastructure	55 321	53 277	2 044
PES: Tygerberg	7 163	7 311	(148)
Maintenance – Scheduled			
Health Facility Revitalisation Grant	148 778	133 466	15 312
PES: Infrastructure	13 894	13 066	828
PES: Tygerberg	8 871	11 570	(2 699)
Total	347 495	331 538	15 957

Scheduled Maintenance projects completed in 2023/24

The following Scheduled Maintenance projects achieved Practical Completion in 2023/24:

- Caledon Hospital - Water reticulation Ph2
- Macassar CDC - Mechanical upgrade
- Mitchells Plain - Lentegeur Hospital - Perimeter wall replacement
- Observatory - Valkenberg Hospital - Electrical fence repairs
- Parow - Tygerberg Hospital - Diesel tank replacement (Alpha)
- Rondebosch - Red Cross War Memorial Children Hospital - Mechanical work - Storage calorifiers and heat pump
- Rondebosch - Red Cross War Memorial Children Hospital - New EC lift
- Parow - Tygerberg Hospital - CDU Building lifts upgrade
- Paarl Hospital - Outpatient Department lift upgrade A-1 to A-4

Processes in place for the Procurement of Infrastructure Projects

Procurement of all construction related projects is governed by the Construction Industry Development Board Act (No. 38 of 2000). The delivery of the majority of the Capital Infrastructure and all Scheduled Maintenance projects is conducted by the Western Cape Department of Infrastructure as an Implementing Agent of the Western Cape Department of Health and Wellness. Accordingly, procurement for these projects is conducted by Supply Chain Management in the Western Cape Department of Infrastructure. Implementing corrective, professional corrective, preventative and emergency maintenance at health facilities is the responsibility of the Western Cape Department of Health and Wellness and procurement is done through the Department. During the 2023/24 financial year, procurement of these three forms of maintenance was conducted as follows:

- Preventative maintenance: Utilisation of term service contracts procured through the Directorate: Engineering and Technical Services and the Directorate: Supply Chain Management in the Western Cape Department of Health and Wellness.
- Corrective Maintenance: Utilisation of a framework agreement, procured by the Directorate: Supply Chain Management in the Western Cape Department of Health and Wellness
- Professional corrective maintenance: Continuation of works already contracted via a framework contract for management contractors.
- Emergency maintenance: Procured by the Western Cape Department of Health and Wellness (Directorate: Engineering and Technical Services), in alignment with the procedures outlined in the Maintenance Protocol.

Maintenance Backlog & Planned Measures to reduce the Backlog

The current estimated maintenance backlog is reflected in the table below, extracted from the Department's 2024/25 User Asset Management Plan, the Department's primary strategic document for health infrastructure planning.

Health Facilities Maintenance Backlog			
Backlog	2024/25	2025/26	2026/27
	R'000	R'000	R'000
Estimated Value of Buildings	70 370 584	70 370 584	77 407 643
Estimated Value of Buildings Escalated @ 10% p.a.	70 370 584	77 407 643	85 148 407
Cost of Maintenance Required @ 3.5% p.a.	2 462 970	2 709 267	2 980 194
Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments and Scheduled, Preventative, Emergency and Corrective Maintenance of health facilities	818 163	927 342	1 004 311
Estimated Total Backlog as at February 2024 and increased year-upon-year as result of backlogs not addressed	1 644 807	3 426 733	5 402 616
Note The estimated value of buildings is calculated based on existing building areas multiplied by the approximated replacement cost per square meter according to facility type (e.g. currently R36 720/m ² for a Community Day Centre). Areas not used are to be relinquished to reduce maintenance required per year. Bidding amounts are not included. Ideally the maintenance allocation should be at least R1 billion per year.			

While the above figures are only estimations, they indicate a sharp increase in the maintenance budget required by the Western Cape Department of Health and Wellness to address the maintenance backlog, ensuring that all facilities are returned to optimal condition. Such budget is not currently available, and the Chief Directorate: Facilities and Infrastructure Management, therefore, analyses the situation annually. Further refinement of the life-cycle approach to render a more scientific process is continuing, including investigating the possible use of the Western Cape Department of Infrastructure's asset management system and assessing its current data quality.

Development relating to capital investment and maintenance that potentially will impact on expenditure

The following developments relating to capital investment and maintenance will potentially impact on expenditure:

The continuation of the Performance-Based Incentive System with its major focus on performance, governance and planning.

**Rollout of
hybrid inverters
at PHC facilities**





Good governance
for our citizens.



PART C:

Governance

Introduction

The Department is committed to maintaining the highest standards of governance in managing public finances and resources.

Risk Management

Risk Management Policy & Strategy

The Accounting Officer (AO) for the Western Cape Department of Health and Wellness takes responsibility for implementing Enterprise Risk Management in accordance with National Treasury's Public Sector Risk Management Framework. The Chief Director: Strategy has been appointed as the risk champion for the Department.

In compliance with the Public Sector Risk Management Framework and to further embed risk management within the Department, the Department has adopted an Enterprise Risk Management Policy Statement. This policy statement sets out the Department's overall intention with regards to Enterprise Risk Management. In addition, the Department adopted an Enterprise Risk Management Policy and Strategy for the period 2021/22 to 2024/25. The annual Enterprise Risk Management Implementation Plan gives effect to the departmental Enterprise Risk Management Policy and Strategy and outlines the roles and responsibilities of management and staff in embedding risk management in the Department.

Risk Assessment

The Department conducted quarterly assessment of significant risks that could have an impact on the achievement of its objectives at a strategic level. Risks were prioritised based on likelihood and impact (inherently and residually). Additional mitigations were agreed upon to reduce risks to acceptable levels. New or emerging risks were identified during the quarterly review processes.

Risk Management Committee

The Department has an established Risk Management Committee to assist the AO in executing his responsibilities relating to risk management. For the year under review, the Department continued with the implementation of the Enterprise Risk Management Policy and Strategy (2021/22 to 2024/25). The Departmental Risk Management Committee in the main evaluated the effectiveness of the mitigating strategies implemented to address the risks of the Department and recommended further action where relevant. Material changes in the risk profile of the Department were escalated to the AO and the Top Executive Management, where appropriate.

Role of the Audit Committee

The Audit Committee provides independent oversight of the Department's risk management practices. It advises on risk-related matters and monitors the effectiveness of the risk management system to ensure compliance with regulatory requirements and organisational objectives.

Progress with the Management of Risk

For the 2023/24 reporting period, the Department continued to integrate risk management into its daily operations. The process of integrating combined assurance into the departmental Enterprise Risk Management processes commenced with the mapping of first line and second-line assurance activities for business processes across services, corporate and strategy clusters. For the year under review, 12 strategic risks were identified, showcasing a proactive approach to risk assessment and mitigation. Significantly, there has been a notable improvement in the depth and quality of discussions regarding these risks. This is indicative of a strong culture of effective risk management practices within the Department.

The following table lists the 12 strategic risks with their residual ratings as at 31 March 2024.

Strategic Risk	Residual Rating
Inability to mobilise the necessary financial, human and other resources	High
Disease outbreak	Moderate
Fragmented PHC services in the City of Cape Town	Low
Medicine unavailability including vaccines	Low
Inadequate models of care	Moderate
Unsafe care by community mental health facilities	High
Climate change	High
Inadequate built environment	Moderate
Staff safety and well-being	High
Fraud, corruption and theft	Low
Escalating medico-legal claims	High
ICT risks	Moderate

Policy makers globally are facing an almost unprecedented series of crises and challenges simultaneously. This happens “against a backdrop of rapidly accelerating technological change and economic uncertainty as the world is plagued by a duo of dangerous crises: climate and conflict. Underlying geopolitical tensions combined with the eruption of active hostilities in multiple regions are contributing to an unstable global order. At the same time, countries are grappling with the impacts of record-breaking extreme weather as climate-change adaptation efforts and resources fall short of the type, scale and intensity of climate-related events already taking place. Cost-of-living pressures continue to bite amidst persistently elevated inflation and interest rates and continued economic uncertainty in much of the world. Together, this leaves ample room for accelerating risks – like misinformation and disinformation – to propagate in societies that have already been politically and economically weakened in recent years.” (WEF Global Risks Report, 2024).

The polycrisis reality in the Western Cape has manifested as multiple and increasing shocks and stressors over the past 15 years in terms of:

- climate events (droughts, fires and floods)
- disease outbreaks (H1N1, COVID and other outbreaks)
- geopolitical impact (economic impact of wars in Ukraine, Gaza and Sudan)
- social instability (social unrest, taxi violence, cost of living and food insecurity)
- technology (cyberattacks and AI risks)
- energy supply (loadshedding)
- economics (economic downturn, budgetary and fiscal risk)

It is against this backdrop that the Department has adopted a strategic risk management approach which is premised on a whole-systems adaptive approach anchored by the need to develop and strengthen system resilience capabilities.

Fraud & Corruption

Fraud and corruption represent significant potential risks to the Department’s assets and can negatively impact on service delivery efficiency and the Department’s reputation.

The Western Cape Government (WCG) adopted an Anti-Fraud and Corruption Strategy which confirms the Province’s zero-tolerance stance towards fraud, theft and corruption. In line with this strategy, the Department is committed to zero-tolerance with regard to corrupt, fraudulent or any other criminal activities, whether internal or external, and vigorously pursues and prosecutes by all legal means available, any parties who engage in such practices or attempt to do so.

The Department has an approved Fraud and Corruption Prevention Plan and a concomitant Implementation Plan which gives effect to the Prevention Plan. Various channels for reporting allegations of fraud, theft and corruption exist and these are described in detail in the Provincial Anti-Fraud and Corruption Strategy, the WCG Whistle-blowing Policy and the Departmental Fraud and Corruption Prevention Plan. Each allegation received by the Provincial Forensic Services Unit is recorded in a Case Management System which is used as a management tool to report on progress made with cases relating to the Department and to generate statistics for the WCG and the Department.

Employees and workers who blow the whistle on suspicions of fraud, corruption and theft are protected if the disclosure is a protected disclosure (i.e. meets statutory requirements of the Protected Disclosures Act, No. 26 of 2000 e.g. if the disclosure was made in good faith). The WCG Whistle-blowing Policy provides guidelines to employees and workers on how to raise concerns with the appropriate line management, specifically designated persons in the WCG or external institutions, where they have reasonable grounds for believing that offences or improprieties have been or are being perpetrated in the WCG. The opportunity to remain anonymous is afforded to any person who would like to report acts of fraud, theft and corruption and, should they do so in person, their identities are kept confidential by the person to whom they are reporting.

If, after investigation, fraud, theft or corruption is confirmed, the employee who participated in such acts is subjected to a disciplinary hearing. The WCG representative initiating the disciplinary proceedings is required to recommend dismissal of the employee concerned. Where *prima facie* evidence of criminal conduct is detected, a criminal matter is reported to the South African Police Services.

For the year under review, Provincial Forensic Services issued a Case Movement Certificate for the Department noting the following:

Cases	Number of cases
Open cases as at 1 April 2023	8
New cases (2023/24)	5
Closed cases (2023/24)	(7)
Open cases as at 31 March 2024	6

The following table further analyses the closed cases indicated above:

Nature and investigation outcome of the closed cases
In 1 case the allegations of corruption, non-compliance or other irregularity were substantiated (the matter was reported to the South African Police Service).
In 1 case the allegations of fraud and irregularity were substantiated (the matter was reported to the South African Police Service).
In 1 case the allegation of non-compliance was substantiated.
In 2 cases the investigations were finalised with no adverse findings.
In 2 cases the investigations were finalised with no adverse findings but with recommendations.

Minimising Conflict of Interest

To minimise conflict of interest, all officials in Supply Chain Management (SCM) sign the following documents annually:

- The Code of Conduct document as issued by National Treasury,
- The Departmental Non-Disclosure Agreement, and
- Electronic disclosure of financial interest by all officials as per Public Service Regulations of 2016.

All members of the different SCM committees must complete a declaration of interest. In instances where officials have declared an interest, they must excuse themselves from the process. In addition, the Central Supplier Database also runs a real-time check on the Companies and Intellectual Property Commission's website and the governmental payroll system (PERSAL). This is to determine any conflict of interest. The Provincial Treasury regularly receives this information and communicates with the relevant departments quarterly. Any potential conflict of interest is then subsequently investigated in the Department and appropriately addressed.

Code of Conduct

Part 1 of Chapter 2 of the Public Service Regulations, 2016, provides guidelines to employees regarding what is expected of them from an ethical standpoint, both individually and in their relationships with others. It promotes the Department's commitment to upholding strong ethics, integrity and the eradication of corruption as part of the governance framework, which is fundamental to good organisational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and prevent unacceptable behaviour. However, an employee who contravenes the Code of Conduct or fails to comply, may be found guilty under Section 16 A of the Public Service Act, 1994, and may face disciplinary action in accordance with Public Service Coordinating Bargaining Council Resolution 1 of 2003. This resolution outlines the Disciplinary Code and Procedures for the Public Service. The Directorate of Employee Relations conducts annual Code of Conduct information sessions for all employees. During the reporting period, 316 employees were sensitised to the Code of Conduct. Additionally, the Code of Conduct is available on the Western Cape Government website.

New appointees are required to attend a compulsory induction programme that includes Public Service Code of Conduct training before their probation can be approved. An employee found guilty of misconduct for contravening any provision of the Code of Conduct may be subject to disciplinary action. The Department has established an Ethics Committee in accordance with Part 3 of Chapter 2 of the Public Service Regulations, 2016. The Ethics Committee's role is to provide oversight on ethics management within the Department. The Ethics Committee's functions are managed by the Corporate Executive Committee, with ethics being a standing item on the agenda. For the 2023/24 reporting year, the Committee held nine meetings, with only one meeting where ethics were not discussed due to a lack of reported issues. All public servants hold positions of trust, which comes with a high level of responsibility. The Public Service Regulations, 2016, expects all employees to comply with its standards. Part 1 of Chapter 2 addresses employee behaviour in the workplace and encourages employees to report any maladministration and corrupt activities.

Health Safety & Environmental Issues

Refer to section Employee Health and Wellness Programme in part D under “Safety, Health, Environment, Risk & Quality (SHERQ)”.

Portfolio Committees

Not applicable.

Standing Committee on Public Accounts Resolutions (SCOPA)

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
1.	The Committee notes the discrepancies between the planned targets of the Department and the reported achievements by the Auditor-General of South Africa.	The Committee joined with the Budget Committee and engages with the Department of the Premier, Provincial Treasury, Audit Committees and AGSA to ascertain the processes on how the annual budget and expenditure of the Department correlates.	A virtual briefing took place on 28 February 2024 by the Provincial Treasury, Department of the Premier, Audit Committee and the Auditor-General of South Africa on the processes of how the annual budgets and expenditures of the Departments of the Western Cape Government correlates to their annual target settings.	Yes

Prior Modifications to Audit Reports

Finance

No modifications were made to prior audit reports.

Information Management

No matters to report.

Human Resources

No matters to report.

Internal Control Unit

Finance

Currently, the Department makes use of the Compliance Assessment and Internal Assessment to monitor the levels of compliance with the applicable policies and regulatory frameworks. The Compliance Assessment is a tool used to monitor adherence to relevant Internal Control requirements and Departmental policies. The Compliance Assessment tool addresses areas other than those covered in the Internal Assessment, for example, assets and inventory management.

The Internal Assessment is a batch audit instrument mainly used for evaluating compliance of transactions to relevant procurement prescripts. The instrument consists of a number of tests to determine whether the procurement process that was followed is regular, as well as whether the batch is complete and audit ready.

A sample of payments is selected monthly using an application that randomly generates a predetermined quantity from a number of expenditure items, which are selected based on the risk associated with the specific item. These

items are re-assessed every year to ensure that changes in risk profiles are addressed. Non-compliance to legislation may lead to Irregular Expenditure.

The Department uses Irregular Expenditure as an indicator to determine whether the controls implemented have had the desired effect.

For the 2023/24 financial year, the Department will report R6,866 million Irregular Expenditure which equates to only 0,07% of the Goods and Services Budget and confirms that the Department's compliance controls are predominantly working effectively.

Information Management

The Department collects and collates performance information from numerous service points within facilities ranging from mobile primary health care (PHC) facilities to large Central Hospitals, Forensic Pathology Laboratories, Emergency Medical Stations and schools where school health services are provided. We also receive information from municipally managed primary health care facilities in the Cape Town Metropole and some contracted private facilities.

Although it is the responsibility of each Facility Manager, Sub-district Manager, District Manager and Budget and Health Programme Managers to ensure compliance with Information Management prescripts and ensure accurate data is reported, it is the Accounting Officer's responsibility to ensure these prescripts are adhered to and data reported is of excellent quality. To ensure this, the Performance Information Compliance Unit, established in 2013, and the Records Management Support Unit (RMSU), established in 2014/15, are deployed to Districts to perform internal assessments, identify shortcomings and develop remedial actions to mitigate these shortcomings.

The teams are responsible for ensuring the facilities comply with information management and records management guidelines, policies, standard operating procedures and other departmental prescripts to ensure valid, verifiable data and safe and secure records. Due to the limited capacity, multiple facilities and broad scope of performance information, the focus is on public health facilities and support offices in the districts and sub-districts. Facilities are selected for assessment based on previous audit and assessment findings, special requests from Districts and facilities for interventions and those identified through routine data monitoring as posing a substantial risk. Standardised assessment tools are developed based on the Departmental prescripts and used to identify compliance issues that are a risk for the Department. After the assessment, remedial actions are developed or revised and implemented in collaboration with the facility and sub-district.

The unit also supports the health facilities in preparation for internal and external audits and acts as a liaison between the auditor and the entity being audited.

This support, together with the assessments, is instrumental in the clean audit the Department has achieved for the past five years.

Human Resources

The Department intends to maintain its track record of an unqualified audit report in respect of compliance matters. The purpose of the People Management (PM), Compliance and Training Sub-Directorate is to render an efficient and effective client and consultancy support service to People Management offices and line managers at institutions, districts and regions, with specific reference to the application of the Public Service regulatory framework.

During the period under review, the following work was performed by the Sub-Directorate:

Compliance investigations: PM Compliance investigations were performed at various institutions including full PM audits at the three academic hospitals to determine compliance or non-compliance. The audits also included the full leave audits of all officials who reached compulsory retirement age in 2023 as well as providing informal training interventions to PM staff.

Functional training

- During the 2023/24 cycle, formal training sessions to a total of 544 line managers of 16 institutions with affiliated clinics and day hospitals within the Metro and rural areas, were provided focusing on their People Management administrative responsibilities. Training on specific People Management aspects, namely, commuted overtime and Probationary Appointment processes.
- Formal training was provided to all newly appointed PM Devolved Internal Control Units and senior personnel officers on PM policies and processes and the Quarterly Action Plan, and they were capacitated to conduct compliance investigations.
- PMCT also arranged and facilitated a Pension Forum/Workshop between the Government Pension Administration Agency and all institutional PM managers and PM staff on pension administration with regard to problem cases, procedures and processes.

Ad-hoc investigations and Support

- Ad-hoc investigations were conducted and concluded on to resolve grievances regarding leave processes, commuted overtime remuneration and Remunerated Work outside of the Employee's Employment.
- People Management Compliance and Training Sub-Directorate rendered relief functions at institutions officiating as audit champions during the AGSA visits due to PM capacity restraints. Officials officiated and served on interview panels during Recruitment and Selection processes at various institutions.
- A continuous monitoring and evaluation of PM processes and exception reports were distributed on a continuous basis to PM managers.
- Ongoing PM client service support and assistance are provided to PM management and officials on a daily basis.

Internal Audit & Audit Committees

Internal Audit provides management with independent, objective assurance and consulting services designed to add value and to continuously improve the operations of the Department. It should assist the Department to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of Governance, Risk Management and Control processes. The following key activities are performed in this regard:

- Assess and make appropriate recommendations for improving the governance processes in achieving the Department's objectives.
- Evaluate the adequacy and effectiveness and contribute to the improvement of the risk management process.
- Assist the Accounting Officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency, and by developing recommendations for enhancement or improvement.

Internal Audit work completed during the year under review for the Department included six assurance engagements (including two transversal engagements) and seven follow-up areas. The details of these engagements are included in the Audit Committee report.

The Audit Committee is established as an oversight body, providing independent oversight over governance, risk management and control processes in the Department, which include oversight and review of the following:

- Internal Audit function;
- External Audit function (Auditor-General of South Africa - AGSA);
- Departmental Accounting and Reporting;
- Departmental Accounting Policies;
- Review of the AGSA management report;
- Review of the AGSA audit report;
- Departmental In-Year Monitoring;
- Departmental Risk Management;
- Internal Control;
- Predetermined Objectives; and
- Ethics, Fraud and Corruption.

The table below discloses relevant information on the audit committee members:

Name	Qualifications	Internal or external	If internal, position in the Department	Date appointed	Date Resigned	No. of Meetings attended
Dr Gilbert Lawrence (Chairperson)	M.Med, MB.ChB	External	N/A	01 Jan 2023 (2nd term)	N/A	5
Mr Francois Barnard	BProc, BCompt (Honours), CTA, Postgrad Dip Audit, MCom (Tax), CA (SA)	External	N/A	01 Jun 2021 (2nd term)	31 March 2024 (Contract Expired)	5
Ms Judy Gunther	CIA, AGA, Masters in Cost Accounting, BCompt, CRMA	External	N/A	01 Jan 2022 (1 st Term)	N/A	5
Mr Terence Arendse	CTA, CA (SA)	External	N/A	01 Jan 2023 (1 st Term)	N/A	5

On 1 November 2023, Cabinet approved the restructuring of the Western Cape Government Audit Committees to align to the WCG's priorities. This reduced the number of Audit Committees from 6 to 3 and resulted in the Wellbeing Cluster Audit Committee providing oversight to the Department from 1 April 2024.

Audit Committee Report

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter and has regulated its affairs in compliance with its charter.

The Effectiveness of Internal Control

The Department is required to develop and maintain systems of internal control that would improve the likelihood of achieving its objectives, to adapt to changes in the environment it operates in and to promote efficiency and effectiveness of operations, supports reliable reporting and compliance with laws and regulations. The WCG adopted a Combined Assurance Framework which identifies and integrates assurance providers. The first line of assurance is management assurance, requiring of line management to maintain effective internal controls and execute those procedures on a day-to-day basis by means of supervisory controls and taking remedial action where required. The second line of assurance is internal assurance provided by functions separate from direct line management, entrusted with assessing adherence to policies, procedures, norms, standards and frameworks. The third level of assurance is independent assurance providers that are guided by professional standards requiring the highest levels of independence.

A risk-based Combined Assurance Plan was developed for the Department, facilitated by Internal Audit, who is also an independent assurance provider. Internal Audit provides the Audit Committee and Management with reasonable assurance that the internal controls are adequate and effective. This is achieved by an approved risk-based internal audit plan, Internal Audit assessing the adequacy of controls mitigating the risks and the Audit Committee monitoring implementation of corrective actions.

The following internal audit engagements were approved by the Audit Committee and completed by Internal Audit for the year under review:

- Transfer Payments
- Staff Well-being
- Climate Change Risk: Water and Energy Resilience
- Clinical Audit
- Enterprise Risk Management (Transversal audit)
- Departmental Monitoring of IT Performance (Transversal audit)

The areas for improvements, as noted by Internal Audit during performance of their work, were agreed to by management. The Audit Committee continues to monitor the current actions and previously reported actions on an on-going basis.

In-Year Monitoring Monthly/Quarterly Report

The Audit Committee is satisfied with the content and quality of the quarterly in-year management and performance reports issued during the year under review by the Accounting Officer of the Department in terms of the National Treasury Regulations and the Division of Revenue Act.

Evaluation of Financial Statements

The Audit Committee has:

- reviewed the Audited Annual Financial Statements to be included in the Annual Report;
- reviewed the AGSA's Management Report and management's response thereto; and
- reviewed changes to accounting policies and practices as reported in the Annual Financial Statements.

Compliance

The Audit Committee has reviewed the Department's processes for compliance with legal and regulatory provisions. Feedback on new provisions that have an impact on the Department are provided quarterly to the Audit Committee.

Provincial Forensics Services

The Audit Committee has reviewed the reports presented by Provincial Forensic Services on a quarterly basis. There were no matters brought to our attention that required further reporting by the Audit Committee.

Performance Information

The Audit Committee has reviewed the information on predetermined objectives as reported in the Annual Report.

Report of the Auditor-General South Africa

The Audit Committee has on a quarterly basis reviewed the Department's implementation plan for audit issues raised in the prior year. The Audit Committee has met with the AGSA to ensure that there are no unresolved issues that emanated from the regulatory audit.

Corrective actions on the detailed findings raised by the AGSA are monitored by the Audit Committee on a quarterly basis.

The Audit Committee concurs and accepts the AGSA's opinion regarding the Annual Financial Statements and proposes that these Audited Annual Financial Statements be accepted and read together with their report.

The Audit Committee commends the Department for maintaining an unqualified audit opinion with no findings. The Department's achievement of this outcome for the sixth consecutive year is highly commendable.

The Audit Committee wishes to express their appreciation to the management of the Department, the AGSA and the WCG Corporate Assurance Branch for the information and cooperation that they provided to enable the Audit Committee to perform its tasks.



Mr Pieter Strauss

Chairperson of the Wellbeing Cluster Audit Committee

Date: 7 August 2024

B-BBEE Compliance Performance Information

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes/No	Discussion (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law	N/A	Not Applicable
Developing and implementing a preferential procurement policy	Yes	Incorporated in the Accounting Officer System (AOS)
Determining qualification criteria for the sale of state-owned enterprises	N/A	Not Applicable
Developing criteria for entering into partnerships with the private sector	Yes	The BBBEE requirements are considered when preparing PPP agreements.
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment	N/A	Not Applicable

Taking services to
our clients through
Community Orientated
Primary Care (COPC).



Working together
to restore hearing
for 1000th cochlear
recipient at
Tygerberg Hospital.





PART D:

Human Resource Management

Legislation that Governs People Management

The information provided in this part is prescribed by Public Service Regulation 31(1). In addition to the Public Service Regulations, 2016, the following prescripts direct Human Resource Management within the Public Service:

Occupational Health and Safety Act (85 of 1993)

To provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work; to establish an advisory council for occupational health and safety (OHS), and to provide for matters connected therewith.

Public Service Act 1994, as amended by Act (30 of 2007)

To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

Labour Relations Act (66 of 1995)

To regulate and guide the employer in recognising and fulfilling its role in effecting labour peace and the democratisation of the workplace.

Basic Conditions of Employment Act (75 of 1997)

To give effect to the right to fair labour practices referred to in section 23(1) of the Constitution of the Republic of South Africa, 1996 by establishing and making provision for the regulation of basic conditions of employment and thereby to comply with the obligations of the Republic as a member state of the International Labour Organisation, and to provide for matters connected therewith.

Skills Development Act (97 of 1998)

To provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce; to integrate those strategies within the National Qualifications Framework contemplated in the South African Qualifications Authority Act, 1995, to provide for learnerships that lead to recognised occupational qualifications, to provide for the financing of skills development by means of a levy-grant scheme and a National Skills Fund, to provide for and regulate employment services, and to provide for matters connected therewith.

Employment Equity Act (55 of 1998)

To promote equality, eliminate unfair discrimination in employment and to ensure the implementation of employment equity measures to redress the effects of discrimination, to achieve a diverse and efficient workforce broadly representative of the demographics of the Province.

Public Finance Management Act (1 of 1999)

To regulate financial management in the National government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively, to provide for the responsibilities of persons entrusted with financial management in those governments, and to provide for matters connected therewith.

Skills Development Levy Act (9 of 1999)

To provide any public service employer in the National or provincial sphere of Government with exemption from paying a skills development levy, and for exemption from matters connected therewith.

Promotion of Access to Information Act (2 of 2000)

To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights, and to provide for matters connected therewith.

Promotion of Administrative Justice Act (PAJA) (3 of 2000)

To give effect to the right to administrative action that is lawful, reasonable and procedurally fair and to the right to written reasons for administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa, 1996, and to provide for matters incidental thereto.

Introduction

People Management (PM) fulfills both a strategic and tactical role in supporting healthcare service delivery in the Department. The PM response remains focused on the key strategic imperatives of the Healthcare 2030 strategy, aimed at addressing person-centred quality health service, of which employees are the most critical enabler; Universal Health Coverage (UHC), aimed at realising the constitutional right to health care promoted through four fundamental principles of service delivery capability, governance capability, workforce capability and learning capability, and the Departmental Strategic Plan 2020-2025 that stipulates a capacitated workforce is a key enabler that will contribute to population outcomes and the achievement of Healthcare 2030 and beyond.

PM supports the health service delivery through the provision of a workforce that is capable, enabled and well-developed for the health system of the future. At the same time, PM continues to support leaders and managers to create a supportive environment, collaborate on innovative PM processes and foster a progressive organisational culture. In line with organisational strategy, person-centredness also has meaning internally for our employees. Our collective leadership approach should be one that nurtures our employees so that they feel cared for (engaged) and at the same time, enables good performance towards service delivery.

Value of Human Capital in the Department

The Status of Human Resources in the Department

The Department employs 32 519 staff members who are comprised of 65% health professionals and 35% administrative support staff. 92% of the employees are employed in a permanent capacity.

Overview of the workforce

Departmental Overview

72% are females and 28% are males.

38% are Black; 11% are White, 49% are Coloured and 2% are Indian.

51% of senior management positions are held by females.

236 persons are classified as disabled.

92% of the staff is employed on a full-time permanent basis.

The length of service ranges from newly appointed staff to 40 years.

SMS Overview

- 5% African Female
- 7% African Male
- 28 % Coloured Female
- 21% Coloured Male
- 1% Indian Female
- 6% Indian Male
- 17% White Female
- 15% White Male

The length of service ranges from newly appointed staff to 40 years.

The age profile of the workforce is:

- 3% under 25 years
- 44% aged 25 to 40 years
- 40% aged 41 to 55 years
- 10% aged 56 to 60 years
- 3% aged 61 to 65 years

PM is a line function responsibility that is enabled and supported by PM practitioners and policies at various levels. The PM roles and responsibilities include the following:

- Head office (centralised level) provides for policy development, strategic coordination, monitoring and evaluation, and provincial oversight of people management.
- Regional and district offices (decentralised level) provide for decentralised oversight and implementation support of PM policies and prescripts.
- Local institutional level (i.e. district, regional, specialised, tertiary and central hospitals) is where the majority of the staff is managed and where the implementation of PM policies occurs.

People Management Priorities for 2023/24 and the Impact of these Priorities

The Western Cape Department of Health and Wellness has a staff establishment of 32519 employees that attend to millions of patients annually within a stressful, busy and resource-constrained environment. Given the strategic imperatives, the PM impact and contribution will continue to focus on workforce planning and fostering a progressive organisational culture that contributes to the strategic direction; talent attraction and retention; employee growth and development, performance, delivery and diligence as well as proactively engaging employees in terms of resilience, personal health and wellbeing.

Considering the stated impact, the core PM priorities of the Department are:

- Employee well-being
- Occupational and staff safety
- Organisational realignment
- PM systems and tools for enablement
- PM administration and policy review
- Leadership and individual development
- Occupational Health and Safety
- Accreditation of WCCN and EMS College
- City of Cape Town (take-over of health facilities)

The task of PM is to ensure that optimal PM direction, guidance and support (strategic and operational) with regard to People Strategy, People Administration, People Development, Employee Relations, Employee Wellness and Change Management are provided at each level of the organisation.

Scarce Skills

Scarce skills inform workforce planning for health services.

Scarce skills identified in 2023/24 remain nursing specialties, radiography specialties (sonography and nuclear medicine), forensic pathology specialists, technicians and engineers.

Scarce skills are identified and prioritised each year through the allocation of bursary funding and the implementation of the OSD, to enable a continuous supply of skills to capacitate the service platform.

Service delivery redesign and requirements drive occupational and skills needs, and factors related to the challenges in the talent management pipeline around existing and projected numbers, supply and availability, attrition and retirements, determine scarce skills within occupational categories.

Clean HR Audit

The Department achieved a clean audit report in 2023/24.

Labour Relations

The Directorate: Employee Relations effectively managed and coordinated the collective bargaining process as well as misconduct cases, disputes and grievances. A devoted team of presiding and investigating officers assists in improving timelines in dealing with disciplinary matters. Training interventions are in place to improve the capacity of people managers to deal with labour-related issues proactively.

Disciplinary transgressions of a serious nature, such as sexual harassment, discrimination and financial misconduct cases emanating from external stakeholders reports such as Provincial Forensic Services, Public Service Commission National Corruption Hotline and so forth, are being dealt with by the Directorate: Employee Relations, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity building of managers and employees which aims to enable productive and peaceful working environments and to effectively deal with labour-related matters. The Western Cape Public Health and Social Development Sectoral Bargaining Chamber had six meetings and two Task Team meetings for the reporting period, where negotiations and consultations with organised labour took place. The Department has 59 active Institutional Management Labour Committees which allows parties at institutional level to deal with workplace issues in a constructive and meaningful manner.

Employment Equity

The Department has implemented a five-year Employment Equity Plan (EEP) effective from 1 September 2022 to 31 August 2027. This plan aligns with the Department of Employment and Labour's (DEL) focus on achieving a representative and inclusive workforce.

The plan includes the following highlights:

Regular Engagement: Quarterly Employment Equity Consultative Forum meetings were held throughout the reporting period, fostering open communication and collaboration.

Progress Tracking: The DEL has received the Department's Annual Employment Equity Report detailing the strides in addressing discriminatory practices and policies through targeted initiatives.

Addressing Underrepresentation: The plan identifies workforce areas lacking diversity and outlines affirmative action measures to bridge these gaps.

Beyond Numerical Targets: While addressing numerical and sectoral targets remains crucial, the new EE Plan delves deeper. It acknowledges critical areas like succession planning, employee retention strategies, and improvements to the work environment and facilities. This holistic approach aligns with the People Management strategy, ensuring a diverse, capable, and engaged workforce that fosters long-term success.

Leadership and Organisational Culture

In support of Healthcare 2030, there is a compelling vision calling for the transformation of our healthcare system. This impacts on how we render our services (service redesign), how to become more efficient (organisational realignment) and how we collectively lead as well as live and work together (organisational culture).

The Organisational Culture and Leadership Transformation journey has been underway in the Department for several years to co-create a people-centred health system with a social learning orientation that is enabled through dispersed leadership. Several leadership development initiatives have been implemented with the goal of creating a workplace culture where employees feel engaged, empowered and included, and are appreciated for their contributions and their diversity. This culture change is monitored and measured on an ongoing basis to gauge the shift towards a more positive workplace culture. Two organisational surveys are conducted in the Department at different intervals:

- Barrett Values Survey – Assessment of Organisational Culture and Values
- Employee Engagement Survey – Assessment of Staff Satisfaction at Work

Organisational Culture

Since the inception of the Organisational Culture and Leadership Transformation journey, significant shifts have occurred. The Barrett Values Survey is used to measure organisational culture. For the Department, the organisational culture has shifted positively overall, with entropy levels decreasing consistently from 21% in 2015 to 15% in 2019 and 2022, respectively. Entropy levels measure of the internal dysfunction or discord that causes internal challenges within the organisation. The lower the entropy score, the better, more aligned, efficient and healthy functioning the organisation is. Based on responses from 8 949 employees in the 2022 survey, a strong organisational culture was evident with value matches for teamwork, accountability, respect and caring. An improved composite culture score of 71 from 67 in the 2019 survey was found for the Department. The composite culture score combines three indices from the Barrett Values Survey to establish the overall organisational health of the Department, namely how well aligned the values are, how balanced the focus of the Department is and the entropy score. Taken together, the organisational health of the Department can be determined and compared to other sectors and industries globally.

Employee Engagement Survey

The latest Employee Engagement Survey was conducted in 2023 to gauge the level of staff satisfaction. Four key areas are utilised to gauge staff satisfaction, namely Engagement, Organisational Capability, Goals and Strategy and lastly, Leadership.

A total of 8 048 employees responded to the survey, of which the majority were patient-facing employees. The findings are that employees:

- feel a strong engagement at work with line managers, particularly at the institutional level
- have a high commitment to achieving goals and strategies
- focus on working efficiency when rendering services
- value the internal collaboration emerging to do things better

Staff indicating engagement and satisfaction levels can improve issues of staff shortages is addressed as it impacts on employee well-being, coping and transparency in management decisions.

Employee Health & Wellness Programme (EHWP)

The Employee Health and Wellness Programme (EHWP) provides a psychological safety net for all employees and their household members. The Department procured its own EHWP contract during 2023/24. The contract has undergone a significant transformation and expansion, indicative of the Department's commitment to providing employee wellness services.

The Employee Health and Wellness Programme (EHWP) encompasses the following services:

- Individual wellness (physical and psycho-social)
- Team interventions and team wellness audits
- Organisational wellness and work-life balance interventions
- Group therapy for specific occupations
- Occupational therapeutic services
- Managerial services such as managerial consultancy and conflict mediation
- Psychiatric assessments
- Vocational rehabilitation
- Strategic leadership development (individual and group coaching)
- Occupational health risk assessments and occupational hygiene

The Employee Health and Wellness Programme Utilisation for the period 2023/24 indicates the following:

- 2 549 cases (individual users)
- 575 participants for critical incident stress debriefings
- 679 sessions psychosocial intervention participants were reaching 5 126 employees
- 37 participants for advocacy and awareness
- 1 437 onsite clinic participants

During the 2023/24 period, the top-presenting problems were work-related issues, trauma, relationship or family concerns, mental health symptoms, legal issues, stress, and addiction. These problems reflect the diverse range of challenges that employees may face. By addressing these issues comprehensively, the EHWP aims to promote employees' well-being and productivity. Most referrals to the Department's EHWP are self-referrals, suggesting that individuals proactively took the initiative to contact the EHWP service for assistance.

HIV/AIDS, STIs and TB

The Department's HIV workplace programme is guided by the National Strategic Plan (NSP) for HIV, TB and STIs: 2023–2028 and the Transversal Workplace Policy on HIV/AIDS, TB and STIs. It is aimed at minimising the impact of HIV and AIDS in the workplace and subsequently minimising the prevalence of HIV and AIDS in the Province. The HIV-testing services programme in the workplace was strengthened by not only catering for HIV testing but also testing for other lifestyle diseases such as hypertension and diabetes, monitoring cholesterol and body mass index. The testing services programme, therefore, offers an integrated approach to well-being. The HIV-testing services programme has evolved, and the Department will procure a new service provider to provide a more comprehensive programme in the 2024/25 financial year. A total number of 263 employees were tested during the 2023/24 financial year. The programme was hugely affected by limited testing opportunities and no service provider in place.

Safety, Health, Environment, Risk & Quality (SHERQ)

Provincial Safety, Health, Environment, Risk and Quality (SHERQ) Policy

The Department's Safety, Health, Environment, Risk, and Quality (SHERQ) programme adheres to the directives outlined in the Provincial SHERQ Policy. This policy underscores the Department's dedication to fostering a healthy and safe environment for employees and clients. The principal aim of the policy is to proactively prevent or mitigate work-related accidents and occupational illnesses, embodying the Department's pledge to prioritise workplace health and safety.

The Employee Health and Wellness Unit administered the annual SHERQ Survey, disseminating it to all 410 facilities. The survey yielded 268 responses, representing a response rate of 65% for the 2023/24 period, an increase from the previous period (2022/23), where 201 sites (49%) participated.

Within the Department's facilities, specific roles are assigned to oversee OHS compliance. The 16,2 appointments are responsible for overall health and safety management, the OHS Act 16(2) appointments demonstrated a notable improvement from 74% in 2021/22 to 92% in 2023/24, underscoring enhanced OHS leadership and awareness. Additionally, 80% of the facilities have officially appointed Health and Safety Representatives (HSRs), highlighting a commitment to effective representation and communication. This structured approach underscores the importance of legally designated positions in health and safety governance.

Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace and to leverage diversity as a strength. Measures have been implemented to create awareness, build capacity, strengthen accessibility and accommodation, and embrace diversity inclusive of race, gender, disability, culture and language.

Disability

The Department acknowledges that there are many challenges with employees with disabilities. It provides them with guidance and support through disability management initiatives. The overarching objective is to ensure that all employees, regardless of race, sex or creed, can exercise their fundamental freedoms and human rights.

The strategic framework is meticulously crafted to foster an inclusive environment that offers equal opportunities and integrates disability considerations into every facet of our Department's projects and programmes. Key initiatives include robust disability sensitisation and awareness programmes, advocacy for open disability disclosure in the workplace, facilitating seamless return to work following injury, illness or accidents resulting in disability, and allocating resources for reasonable accommodations. The Department is committed to mainstreaming disability into skills development programmes, adjusting policies to be more inclusive, and conducting comprehensive workplace accessibility assessments.

In the reporting period of 2023/24, the Department employed 236 individuals with disabilities. The Department is committed to implementing the JOBACCESS Strategic Framework. It is making significant progress in dispelling stereotypes associated with disability employment.

This positive shift in mindset has prompted a re-evaluation of occupational categories, particularly OSD and non-OSD roles. Presently, non-OSD positions comprise 73% of the disability workforce profile, with OSD positions accounting for the remaining 27%. Further analysis reveals that 38% of non-OSD positions are at lower-level roles. In comparison, 50% are administrative, supervisory and middle management positions, with 1% in engineering and related fields.

The Department's commitment to achieving the 3% employment target is evidenced by its ongoing advocacy efforts, comprehensive awareness initiatives, and effective disability management practices. By encouraging employees to report temporary or permanent impairments, the Department aims to foster a positive change in perceptions toward disability and create a more inclusive workplace culture.

Gender

The Department's Transformation journey provides the roadmap towards an endearing, inclusive culture within the Department, where the Gender Equality Strategic Framework (GESF) outlines key strategic areas to mobilise for gender transformation and empowerment.

The key strategic areas that drive gender equality are encapsulated in four critical pillars: creating an enabling environment, equal opportunities, a barrier-free workplace and gender mainstreaming. These align with the Department's Transformation strategy, Leadership Development strategy, and Departmental strategy and the vision of Healthcare 2030, where person-centred care of patients and employees is the core driving force. This further aligns with the Department's 2020–2025 Strategic Plan, where gender equality and women's empowerment are among other priorities.

Implementing the GESF is ongoing, and notable shifts are evident in the culture change and leadership journey, evolving the approach to embracing diversity and strengthening the leadership pipeline.

During the 2023/24 reporting period, the Department maintained a consistent achievement of 51% women in Senior Management positions. While this represents a slight decrease from the 56% reported in the previous period, it still complies with the 50% target for the representation of women in senior management service. Several measures have been implemented to sustain this target and foster an organisational culture that values diversity as a strength and promotes inclusivity. These measures include, among others:

- Diversity and inclusion sensitisation, advocacy and awareness at all levels
- Diversity mainstreaming, which includes mainstreaming of Gender into policy, processes and programmes
- Leadership development initiatives aiming to strengthen the leadership pipeline and dispersed leadership
- Monitoring and evaluation of Gender at all levels, including SMS level
- Continued departmental audits concerning Gender and Youth

The Department has further adopted the 365 days of Activism for No Violence to ensure a sustained approach in providing support and raising awareness on gender-based violence, human trafficking, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, Asexual + (LGBTIQA+) sensitisation, and bullying in the workplace further aligning to the Provincial Gender-based Violence Implementation Plan activities for the Department and the Code of Good Practice for the prevention and Elimination of Harassment in the Workplace. Promoting and supporting breastfeeding in the workplace as per the approved Breastfeeding in the Workplace policy further provides an enabling environment for lactating mothers in alignment with the four critical pillars of the Gender Equality Strategic Framework.

Change Management (CM)

During this reporting period, the Change Management Sub-Directorate has collaborated on various initiatives which are ongoing and in support of the redesign, reset and resurgence strategies within the Department.

This Change Management support includes the provision of advice and guidance to managers on the impact of the changes to staff and teams under their leadership and how best to communicate, engage and give feedback to staff on the changes affecting them.

The initiatives to bring about transformation include the following:

Organisational Re-alignment Projects:

- Brackengate Field Hospital converted to a Transitional Care Facility
- Supply Chain Management Clinical Sourcing transformation
- Khayelitsha Eastern Sub structure – Consolidation of birthing services (redesign)

Infrastructure Projects:

- Tygerberg Hospital (TBH) Redevelopment
- Belhar Regional Hospital
- Klipfontein Regional Hospital

Technology-Led Change Projects:

- CARES – Clinical Appointment Referral Electronic System – ongoing

Organisational Culture Initiatives:

- Optimisation of Tygerberg Hospital Communications and Brand Strategy

Nursing

The Nursing Information Management System has three modules namely: Nursing Agency Module, Staff Module and internal Overtime Pool Module.

The NIMS Agency Module

The NIMS Nursing Agency Module is an electronic booking system utilised to request and order supplementary nursing staff from private nursing agencies on contract with the Department's facilities. NIMS assists in managing Nursing Agency expenditure. The NIMS Staff Module standardises the capturing of all staff information, streamlining and regulating all processes for capturing staff information per facility, allocations and all types of leave. Ongoing support in terms of new training, activations, desktop support and upskilling in the various NIMS modules is provided to the Department's facilities and the nursing agencies. A generic email was set-up – nims@westerncape.gov.za. Training manuals, pamphlets and step-by-step guides were developed to facilitate the training on these modules. QR codes on all new NIMS pamphlets enable access to NIMS via your mobile device or computer through <http://nims.westerncape.gov.za>.

All nursing agencies and health facilities continue to receive desktop support and face-to-face training. In terms of the Staff Module, we are ready to implement as health facilities request these functions. The new nursing agency contract was put on hold until end of May 2024 and the previous contract is extended until further notice.

Formal Nursing – Utilisation of Clinical Platform

During the 2023 academic year, 2011 nursing students enrolled in undergraduate and postgraduate nursing programmes, were placed for Work Integrated Learning across the accredited health facilities in the Province using the provincial coordinated clinical placement system.

Due to the delays in accreditation of the new qualifications aligned to the National Qualifications Framework Act, 2008, Higher Education Act, 1997 (as amended) and Nursing Act, 2005, there were no postgraduate specialty nursing training at the Western Cape College of Nursing (WCCN) in 2023. The WCCN was accredited by both the Council on Higher Education and the South African Nursing Council to offer seven postgraduate diploma programmes towards the end of the 2023 academic year. In the 2024 academic year, a total 148 nurses were released on Study by Assignment to study various postgraduate diplomas at Stellenbosch University, Cape Peninsula University of Technology, University of the Western Cape and the WCCN. Funding was made available for 27 relief posts from programme 6.1.

In 2024, the WCCN had 347 students who commenced training in the undergraduate programmes, 148 students in higher certificate programme leading to registration with South African Nursing Council as an Auxiliary Nurse (GNR.169), 149 students in the Diploma in Nursing leading to registration with South African Nursing Council as a General Nurse (GNR.171), 50 students in Bachelor of Nursing leading to registration with South African Nursing Council as a Professional Nurse and Midwife (GNR.174) and 148 students in the six postgraduate programmes. A total of 187 completed undergraduate training at WCCN – 103 students completed the Diploma in Nursing (GNR.171) and 84 completed the Diploma in Nursing (GNR.425). The first cohort of Advanced Diploma in Midwifery (GNR.1497) students will complete their training on 31 May 2024.

Of the 147 students trained in the Higher Certificate in Nursing (GNR.169) in the 2023 academic year, 142 completed the course (96,5% completion rate).

Nursing Practice

The authorisation to prescribe and dispense medicines by Clinical Nurse Practitioners and Professional Nurses is ongoing as per Nurse Prescribing Framework Circular H52/2015 to comply with the legislative requirements section 56 (1-6) of the Nursing Act, 2005.

A database of authorised nurse practitioners is monitored on quarterly basis for compliance. The Nursing Practice Sub-Directorate participated in interprofessional clinical governance structures such as Provincial Coordinated Governance Committees (PCGCs) and played a critical role in the development of clinical service standards to improve the quality of service delivery. The management of the South African Nursing Council community service is ongoing. During the period under review, 378 Community Service Practitioners were placed in the service platform to do their community service. Monitoring the competence of the Community Service Nurse Practitioners was done to ensure readiness to practice independently.

Monitoring and evaluation of the clinical governance implementation plan of the National Strategic Direction for Nursing and Midwifery Education and Practice 2020/21-2025/26 was executed with NDoH office of the Chief Nursing Officer.

Workforce Planning Framework & Key Strategies to Attract & Recruit a Skilled & Capable Workforce

Workforce planning for the health services remains a complex exercise as it needs to be responsive to the healthcare platform both in the short and longer term, in order to deliver optimal health care. A dedicated team currently has this function as its focus. The workforce planning framework has been mandated by the Department of Public Service and Administration (DPSA) and provides a baseline for the HR planning. An analysis is conducted of the external and internal environment, strategic direction of the Department, workforce trends and changes of the macro environment and what is available in the existing workforce. A gap analysis is done to determine the workforce priorities that would have the greatest impact. These are reflected in the HR Plan submitted to the DPSA and the Workplace Skills Plan and influences the talent management and development processes in the Department.

Employee Performance Management Framework

A Performance Management and Development System, prescribed by the DPSA, has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the completion of its processes. The Head Office component oversees the process and concludes the final report by ensuring correctness of all moderating processes. The Head Office component also plays a policy management and oversight role in this regard. The new directives from the DPSA for salary levels 1-12 and SMS members were successfully implemented with effect from 1 April 2018. The Department has introduced Performance Management Information System as from 1 April 2020. It is still a phased-in process and 19 995 employees are already on Performance Management Information System. Grade progression for OSD and non-OSD employees is decentralised, but Head Office has an oversight role and is responsible for the implementation of grade progression for Head Office staff. Grievances regarding the processes linked to performance is dealt with by the Head Office component for the Department.

Employee Wellness

Refer to section Employee Health and Wellness Programme under “*People Management Priorities*”.

Policy Development

Policy development has been designated as a transversal function with the Department of the Premier as the custodian. The transversal nature of policy development also means that department-specific inputs are often not included in the final product. Policies therefore need to be accompanied by department-specific guidelines that must be drafted separately and issued in conjunction with the transversal policy. Department-specific guidelines are developed through a process of consultation with role-players in the Department in order to ensure wide participation and buy-in from managers. Topics that were addressed during the reporting period include:

- Guidelines on the management of absenteeism due to exceptional circumstances
- Token of appreciation to all qualifying employees
- Input was provided to the following transversal draft policies and strategies:
 - WCG Transfer Policy
 - WCG Resettlement Policy
 - WCG Draft Position Paper on EE Talent Management
- Comments were provided to the following draft National legislation:
 - Draft Public Service Amendment Bill, 2023
 - Draft Public Service Commission Bill, 2023
 - Amended Draft Regulations: Employment Equity Act, 1998

Challenges Faced by the Department

Financial Challenges

The greatest challenge is not with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. The personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department and is managed via the Approved Post List on an annual basis. The current funded approved staff establishment reflects a 5,8% vacancy rate.

Budget constraints are deemed to continue for the current Medium-Term Expenditure Framework period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas and on all levels within the Department. In addition, cost containment measures were introduced by the DPSA in October 2023. These measures have a limiting impact on the Department's ability to fill posts and places additional strain on the Department's ability to deliver services. To protect the core business of the Department, which is health service delivery and patient care, the impact of budget constraints needs to be minimised on clinical functional areas and optimised within the administrative areas.

The Department has embarked on the Micro Design Process, which is the review of the functional and process alignment for the micro level in the Department in partnership with the Directorate Organisation Design at the Department of the Premier. This project unpacked the re-aligned functions as per the approved organisational structure from the Management Efficiency and Alignment Project (MEAP) that was concluded and its impact on the next level (micro) in the organisation. The OD methodology utilised in the Micro Design Process has evolved to take a business process lens as to how the organisational structure comes together i.e. articulating role clarification between components, optimising work processes and preventing duplication across levels, thereby achieving organisational efficiency. The Micro Design Process project is divided into two phases, where specific components in the Department have been prioritised for investigation:

- Phase 1: Rural Health Services, Metro Health Services, Emergency and Clinical Services Support and Chief Directorate Strategy
- Phase 2: Corporate Services, District Offices, Substructure Office and Central Hospitals

As at the end of the reporting period, Phase 1 was addressed and Phase 2 was commissioned, starting with Corporate Services. The Micro Design Process is therefore still underway and will continue into the new financial year.

Competencies

A connected leader is central to our brand and culture journey. Our governance reforms and redesign (Health is everybody's business, 2022) require a paradigm shift from a disproportionate reliance on command and control to a more inclusive, participatory, consensus-building leadership, that is responsive and accountable, driving locally led change and decision-making. From narrowly defined assigned roles to embracing wider stewardship roles and an interdependence with one another in the system to allow the system to effectively fulfil its purpose and ensure a better quality of care for all and a well-being society.

Strengthening connected leadership and enhancing stewardship capability of managers at all levels in the health system are imperatives for our service redesign journey toward a people-centric, trusted and equitable health system and healthier society. Ethical and effective leadership is a cornerstone of good governance of the health system.

As per our Leadership Development Strategy our focus remains on the distributed leadership model directed at:

- Developing leaders and teams
- Embodying the organisational values and behaviours toward a value-driven organisation
- Nurturing creativity to enable innovation and stimulate new approaches
- A system that enables and sustains the development of high-performing individuals connecting within teams

Current leadership training programmes, including the Postgraduate Diplomas in Health Management at Stellenbosch University, and the Oliver Tambo Fellowship Health Leadership Programme at the University of Cape Town (UCT), target our emerging leaders to:

- Develop a learning organisation approach building resilience, adaptability and innovation
- Connect and collaborate, to ensure alignment of and opportunities to continuously improve the supporting processes, practices and systems

The training programmes, the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture through fostering effective communication and listening with empathy.

The clinical capabilities of health and allied health professionals are coordinated through the People Development Centre. The training is based on the critical skills needs identified and continuous professional development to ensure the optimal capability to deliver the various packages of care. Learning packages are clustered to promote a life-course approach (children, adolescents, adults and the elderly life cycle). Content is integrated to include prevention, promotion, curative, rehabilitation and palliative aspects. Empathic skills and monitoring and evaluation are included as an element of all clinical training courses. Health professionals are capacitated to meet the more immediate service challenges. These include *inter alia*, service pressures, first 1 000 Days, HIV/TB epidemic and non-communicable diseases, including mental health.

Number of clinical training interventions:

Health and allied health professionals:	3 613
Non-professionals:	3 996
Total:	7 609

Full-time bursaries address scarce skills to ensure continuous availability of health and support professions, while part-time bursaries are offered to existing staff to ensure they develop the critical competencies required. A total of 1 559 bursaries, including full-time and part-time, were allocated, based on service need and the availability of funding.

Full-time bursaries for prospective health occupations: 981 (374 newly awarded; 607 maintenance).

Part-time bursaries to develop competencies of existing staff: 578 (202 newly awarded; 376 maintenance).

Another focus area is the development of functional competencies in operational support services.

People Development also coordinates the structured youth development programme, stimulating internship, learnership and training opportunities for young recent matriculants, student interns requiring work integrated learning and unemployed graduates. The programmes are based on departmental need. The availability of interns and learners provide a pipeline of talent into entry level posts, dependent on the availability of funded posts and a formal competitive process. A total of 1 478 were provided.

People Development is responsible for the coordination and placement of medical interns and community service health and allied health professionals.

During the 2024 cycle that commenced on 1 January 2023, a total of 631 medical interns were placed at our 11 health facility complexes.

First year medical interns	313
Second year medical interns	318

Pharmacist interns (21) and Clinical Psychology interns (21) were also placed in the services.

In addition, 696 community service placements were facilitated through Metro and Rural Health Services.

The breakdown as follows,

Allied Health Professions	113
Medical Officers	240
Nursing professionals	293
Pharmacists	50

The College of Emergency Care have had their formal training programmes fully accredited and the graduation of their first intake of students. They are also involved extensively in clinical training, developing the competencies in basic, intermediate and advanced life support of emergency medical care personnel, and the updates on Ambulance Emergency Technician and Emergency Care Practitioner Clinical Practice Guidelines.

Managing of Grade Progression & Accelerated Pay Progression

With the implementation of all the OSD categories, grade progression and pay progression as well as accelerated grade and pay progression was introduced. The management thereof still remains a significant challenge as individuals can be grade progressed monthly depending on their years of service and hospitals had to develop manual data systems to ensure compliance.

Audits have been concluded (Red Cross hospital in the process of implementing) at the substructures of Metro Health Services and at Red Cross hospital and further audits will be done within the Department. Pay progression has been implemented to qualifying employees with effect from 1 July 2023.

Recruitment of Certain Health Professionals

The recruitment of qualified and competent health professionals poses a challenge due to the scarcity of specialists in rural areas and the restrictive appointment measures that are imposed on certain occupations.

The limited number of funded medical intern and community service posts for health professionals is a challenge given that the need for posts exceeds the supply.

Age of Workforce

44% of the workforce is between the ages 25 to 40 years and 40% between the ages 41 to 55 years. It is therefore necessary to recruit, train and develop younger persons and undertake succession planning. The average age of initial entry into the Department by professionals is 26 years e.g. medical officers after completing their studies and compulsory in-service duties. The challenge remains to retain these occupational groups in a permanent capacity. The main reasons for resignations are for financial gain. An analysis indicates that the Department may experience a shortage of skilled staff in the near future due to a relatively high percentage (13%) nearing retirement (65) or early retirement age (55). However, retirees mainly fall in the 60–64 age groups.

Future Human Resource Plans/Priorities

The Departmental HR Plan is reviewed in line with the departmental Strategic Plan and the Annual Performance Plan. The following are key HR priorities to build a capable workforce:

- Transformation of the organisational culture
- Development of a People Management Strategy
- Flexible workplace practices
- Leadership and management development (aligned to Dispersed Leadership Principles)
- Clinical skills development
- Workforce forecasting and development to address the shortage of scarce and critical skills
- Organisational re-alignment of the Department
- Employee Health and Wellness Programme
- Address staff burnout and well-being
- Diversity and inclusion practices (inclusive of EE, Disability, Youth, Women and Gender)
- Occupational Health and Safety capacity building and compliance
- Dispute management and prevention
- Building or transforming workplace relations
- Managerial capacity building and outreach to effectively manage employee relations
- Capacity building to ensure sound people management practices

Human Resource Oversight Statistics

Personnel related Expenditure

The following tables summarises final audited expenditure by Budget Programme and by salary bands. In particular, it indicates the amount spent on personnel in terms of each of the Programmes or salary bands within the Department. The figures for expenditure per Budget Programme are drawn from the Basic Accounting System and the figures for personal expenditure per salary band are drawn from the Personnel Salary (PERSAL) system. The two systems are not synchronised for salary refunds in respect of staff appointments and resignations and/or transfers to and from other departments. This means there may be a difference in total expenditure reflected on these systems. The key in the table below is a description of the Financial Programme's within the Department. Programmes will be referred to by their number from here on.

Programmes	Programme Description
Programme 1	Administration
Programme 2	District Health Services
Programme 3	Emergency Medical Services
Programme 4	Provincial Hospital Services
Programme 5	Central Hospital Services
Programme 6	Health Sciences and Training
Programme 7	Health Care Support Services
Programme 8	Health Facilities Management

Personnel Costs per Programme for 2023/24							
Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a % of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	980 573	425 671	1 998	-	43,41%	600	709
Programme 2	12 155 573	6 570 630	14 279	338 374	54,05%	509	12 904
Programme 3	1 349 750	820 394	354	48	60,78%	421	1 948
Programme 4	4 801 042	3 384 411	3 025	77 220	70,49%	505	6 702
Programme 5	8 149 924	5 354 745	3 644	85 977	65,70%	575	9 318
Programme 6	418 753	190 592	418 753	56	45,51%	745	256
Programme 7	618 626	380 715	515	426	61,54%	451	844
Programme 8	1 169 466	76 852	816	-	6,57%	712	108
Total	29 643 707	17 204 010	443 384	502 101	58,04%	525	*32 789
Note *The number is accumulative of the average number of employees per programme for the period 1 April 2023 to 31 March 2024 and not a snapshot at a specific date. The average is calculated using the number of staff as of the 15th of each month, April 2023 - February 2024 and 31 March 2024. Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin. The total number of employees is the average of employees that were in service for the period 1 April 2023 to 31 March 2024. Goods & Services: Consist of the SCA items Agency and Outsourced Services: Admin and Support Staff, Nursing Staff and Professional Staff.							

Personnel Expenditure by Salary Band for 2023/24

Salary Bands	Personnel Expenditure R'000	% of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	780 301	4,54%	258	3 021
Skilled (Level 3 - 5)	3 842 403	22,34%	312	12 323
Highly Skilled Production (Levels 6 - 8)	3 667 257	21,32%	431	8 513
Highly Skilled Supervision (Levels 9 - 12)	8 816 447	51,26%	995	8 865
Senior and Top Management (Levels 13 - 16)	92 220	0,54%	1 385	67
Total	17 198 627	100%	525	*32 789

Note

*The number is accumulative of the average number of employees per programme for the period 1 April 2023 to 31 March 2024 and not a snapshot at a specific date. The average is calculated using the number of staff as of the 15th of each month, April 2023 - 31 March 2024.

Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin. The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.

The following tables provide a summary per programme and salary bands of expenditure incurred because of salaries, overtime, housing allowance and medical assistance. In each case, the table indicates the percentage of the personnel budget that was used for these items.

Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2023/24

Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel Costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Programme 1	377 499	2,19%	1 332	0,01%	10 222	0,06%	20 804	0,12%
Programme 2	5 707 121	33,18%	389 992	2,27%	170 724	0,99%	319 841	1,86%
Programme 3	693 027	4,03%	40 955	0,24%	29 321	0,17%	59 773	0,35%
Programme 4	2 863 006	16,65%	269 736	1,57%	89 948	0,52%	171 334	1,00%
Programme 5	4 342 705	25,25%	574 975	3,34%	123 691	0,72%	239 804	1,39%
Programme 6	225 228	1,31%	3 277	0,02%	4 559	0,03%	9 524	0,06%
Programme 7	318 671	1,85%	28 006	0,16%	12 922	0,08%	25 742	0,15%
Programme 8	71 851	0,42%	152	0,00%	941	0,01%	1 945	0,01%
Total	14 599 108	84,89%	1 308 425	7,61%	442 328	2,57%	848 767	4,94%

Note

Salaries, overtime, housing allowance and medical assistance are calculated as a percentage of the total personnel expenditure. The table does not make provision for other expenditures such as Pensions, Bonuses and Other Allowances which make up the total personnel expenditure. Salaries, Overtime, Housing Allowances and Medical Assistance amount to R17 198 627 415 of the total personnel expenditure. Expenditure of sessional, periodical and abnormal appointments is included in the expenditure. Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded in the above.

Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2023/24

Salary Band	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Lower Skilled (Levels 1 - 2)	634 213	3,69%	10 417	0,06%	47 962	0,28%	87 707	0,51%
Skilled (Level 3 - 5)	3 163 471	18,39%	93 898	0,55%	200 935	1,17%	384 099	2,23%
Highly Skilled Production (Levels 6 - 8)	3 247 145	18,88%	81 949	0,48%	119 055	0,69%	219 107	1,27%
Highly Skilled Supervision (Levels 9 - 12)	7 462 715	43,39%	1 122 158	6,52%	74 375	0,43%	157 200	0,91%
Senior and Top Management (Level 13 - 16)	91 563	0,53%	3	0,00%	-	0,00%	654	0,00%
Total	14 599 108	84,89%	1 308 425	7,61%	442 328	2,57%	848 767	4,94%

Note

The totals in the table above do balance, however, since the data is grouped by either programme or salary band and is rounded off to thousands, they reflect differently. Expenditure of sessional, periodical and abnormal appointments is included in the expenditure. Expenditure of the joint establishment (universities conditions of service) is excluded in the above. Commuted overtime is included in salary bands Highly Skilled Supervision (Levels 9 -12) and Senior Management (Levels 13 - 16).

Employment and Vacancies

Employment & Vacancies by Programme as at the 31 March 2024

Programmes	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Programme 1	816	760	6,86%	6
Programme 2	13 566	12 812	5,56%	694
Programme 3	2061	1 924	6,65%	-
Programme 4	6 959	6 607	5,06%	438
Programme 5	9 785	9 212	5,86%	433
Programme 6	293	253	13,65%	58
Programme 7	903	843	6,64%	28
Programme 8	124	108	12,90%	7
Total	34 507	*32 519	5,76%	1 664

Note

*Number of staff as at 31 March 2024.

The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister. Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflates the average personnel cost per employee by a small margin. The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.

Employment & Vacancies by Salary Band as at 31 March 2024

Salary bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Lower Skilled (Levels 1 - 2)	3 036	2 984	1,71%	38
Skilled (Level 3 - 5)	12 503	11 973	4,24%	45
Highly Skilled Production (Levels 6 - 8)	9 321	8 714	6,51%	474
Highly Skilled Supervision (Levels 9 - 12)	9 577	8 781	8,31%	1 106
Senior and Top Management (Levels 13 - 16)	70	67	4,29%	1
Total	34 507	*32 519	5.76%	1 664

Note

Nature of appointments periodical, abnormal and admin interns is excluded. Vacancy rate is based on funded vacancies. The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister. *Number of staff as at 31 March 2024.

Employment & Vacancies by Critical Occupations as at 31 March 2024

Salary bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Clinical Technologist	79	71	10,13%	-
Industrial Technician	80	68	15,00%	-
Medical Ort & Prosthetist	17	13	23,53%	-
Medical Physicist	15	14	6,67%	1
Pharmacists	475	461	2,95%	79
Total	666	627	5,86%	80

Note

The information in this section is provided as a snapshot of the end of the financial year under review. Nature of appointment periodical and abnormal is excluded. Vacancy rate is based on funded vacancies.

Job Evaluation

Job evaluation was introduced as a way of ensuring that work of equal value is remunerated equally. Within a Nationally determined framework, executing authorities are required to evaluate each new post in his or her organisation or re-evaluate any post where the post mandate or content has significantly changed. The job evaluation process determines the grading and salary level of a post. Job Evaluation and Staff Performance Management differ in the sense that Job Evaluation refers to the value/weighting of the activities that are associated with the post.

Job Evaluations 2023/24

Salary band	No. of posts	No. of jobs evaluated	% of posts evaluated	Posts upgraded		Posts downgraded	
				No.	% of Posts Evaluated	No.	% of Posts Evaluated
Lower Skilled (Levels 1 - 2)	2 984	-	0.00%	-	0.00%	-	0.00%
Skilled (Level 3 - 5)	11 973	-	0.00%	-	0.00%	-	0.00%
Highly Skilled Production (Levels 6 - 8)	8 714	-	0.00%	-	0.00%	-	0.00%
Highly Skilled Supervision (Levels 9 - 12)	8 781	5	0,06%	-	0.00%	-	0.00%
Senior Management Service Band A (Levels 13)	53	-	0.00%	-	0.00%	-	0.00%
Senior Management Service Band B (Levels 14)	9	-	0.00%	-	0.00%	-	0.00%
Senior Management Service Band C (Levels 15)	4	-	0.00%	-	0.00%	-	0.00%
Senior Management Service Band D (Levels 16)	1	-	0.00%	-	0.00%	-	0.00%
Total	32 519	5	0,02%	-	0,00%	-	0,00%

Note

Most posts on the approved establishment were evaluated during previous reporting years and the job evaluation results are thus still applicable.

Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2023/24

Gender	African	Indian	Coloured	White	Total
Female	-	-	-	-	-
Male	-	-	-	-	-
Total	-	-	-	-	-
Employees with a disability	-	-	-	-	-

Note

None for the reporting period.

Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2023/24

Major occupation	No. of employees	Job evaluation level	Remuneration on a higher salary level	Remuneration on a higher notch of the same salary level	Reason for deviation
N/A	-	-	-	-	N/A
Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches).					
% of total employed					-

Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2023/24

Gender	African	Indian	Coloured	White	Total
Female	-	-	-	-	-
Male	-	-	-	-	-
Total	-	-	-	-	-
Employees with a disability	-	-	-	-	-

Employment Changes

Turnover rates indicate trends in the employment profile of the Department during the year under review. The following tables provide a summary of turnover rates by salary band and by critical occupations.

Annual Turnover Rates by Salary Band for 2023/24

Salary band	No. of employees per band as at 31 March 2023	Turnover rate 2022/23	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2023/24
Lower Skilled (Levels 1 - 2)	3 048	5,09%	257	-	208	1	6,86%
Skilled (Level 3 - 5)	12 884	10,04%	1 058	19	1 184	54	9,61%
Highly Skilled Production (Levels 6 - 8)	8 421	17,84%	1 213	17	1 622	15	19,44%
Highly Skilled Supervision (Levels 9 - 12)	8 940	19,46%	1 440	36	1 760	28	20,00%
Senior Management Service Band A (Levels 13)	52	5,77%	2	-	3	2	9,62%
Senior Management Service Band B (Levels 14)	9	11,11%	-	-	1	-	11,11%
Senior Management Service Band C (Levels 15)	4	0,00%	-	-	-	-	0,00%
Senior Management Service Band D (Levels 16)	1	0,00%	-	-	-	-	0,00%
Total	33 359	14,07%	3 970	72	4 778	100	14,62%

Note

Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially and Nationally).

Annual Turnover Rates by Critical Occupation for 2023/24

Critical occupation	No. of employees per band as at 31 March 2023	Turnover rate 2022/23	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2023/24
Clinical Technologist	85	17,44%	5	-	19	-	22,35%
Industrial Technician	61	15,63%	8	-	2	-	3,28%
Medical O r t & Prosthetist	16	0,00%	1	-	4	-	25,00%
Medical Physicist	12	8,33%	4	-	2	-	16,67%
Pharmacists	459	21,12%	100	-	98	-	21,35%
Total	633	19,26%	118	-	125	-	19,75%

Note

Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).

Staff leaving the employ of the Department in 2023/24

Exit category	No.	% of Total Exits	No. of exits as a % of total No. of employees as at 31 March 2024
Contract Expiry	2 486	52,03%	7,64%
Death	89	1,86%	0,27%
Dismissal: ill Health	116	2,43%	0,36%
Dismissal: Incapacity	5	0,10%	0,02%
Dismissal: Misconduct	54	1,13%	0,17%
Resignation	1 495	31,29%	4,60%
Retirement	481	10,07%	1,48%
Other	52	1,09%	0,16%
Total	4 778	100%	14,69%

Note

The table identifies the various exit categories for those staff members who have left the employment of the Department. 2 159 of the 2 486 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.

Reasons Why Staff Resigned in 2023/24

Termination types	No.	% of Total Terminations
Age	8	0,54%
Bad Health	9	0,60%
Better Remuneration	276	18,46%
Domestic Problems	2	0,13%
Emigration	1	0,07%
Further Studies	13	0,87%
Housewife	4	0,27%
Misconduct	1	0,07%
Nature of Work	29	1,94%
Other Occupation	192	12,84%
Own Business	1	0,07%
Personal Grievances	41	2,74%
No Reason Given	918	61,40%
Total	1 495	100%

Note

Reasons as reflected on PERSAL.

Different Age Groups of Staff Who Resigned in 2023/24

Age group	No.	% of Total Resignations
Ages <20	-	0,00%
Ages 20 to 24	28	1,87%
Ages 25 to 29	196	13,11%
Ages 30 to 34	319	21,34%
Ages 35 to 39	318	21,27%
Ages 40 to 44	209	13,98%
Ages 45 to 49	150	10,03%
Ages 50 to 54	106	7,09%
Ages 55 to 59	89	5,95%
Ages 60 to 64	77	5,15%
Ages 65 >	3	0,20%
Total	1 495	100%

Granting of Employee Initiated Severance Packages by Salary Band for 2023/24

Salary band	No. of applications Received	No. of applications referred to the Minister of Public Service and Administration	No. of applications supported by the Minister of Public Service and Administration	No. of packages approved by Department
Lower Skilled (Levels 1 - 2)	-	-	-	-
Skilled (Level 3 - 5)	-	-	-	-
Highly Skilled Production (Levels 6 - 8)	-	-	-	-
Highly Skilled Supervision (Levels 9 - 12)	-	-	-	-
Senior & Top Management (Levels 13 - 16)	-	-	-	-
Total	-	-	-	-

Promotions by Salary Band for 2023/24

Salary band	Employees as at 31 March 2023	Promotions to another salary level	Salary band promotions as a % of employees by salary Level	Progressions to another notch within a salary level	Notch progression as a % of employees
Lower Skilled (Levels 1 - 2)	3 048	6	0,20%	2 004	65,75%
Skilled (Level 3 - 5)	12 884	751	5,83%	5 396	41,88%
Highly Skilled Production (Levels 6 - 8)	8 421	1 222	14,51%	3 322	39,45%
Highly Skilled Supervision (Levels 9 - 12)	8 940	477	5,34%	3 262	36,49%
Senior & Top Management (Levels 13 - 16)	66	5	7,58%	43	65,15%
Total	33 359	2 461	7,38%	14 027	42,05%

Promotions by Critical Occupation in 2023/24

Critical occupation	No. of employees as at 31 March 2023	Promotions to another salary level	Salary level promotions as a % of employees	Progressions to another notch within a salary Level	Notch progression as a % of employees
Clinical Technologist	85	10	11,76%	40	47,06%
Industrial Technician	61	4	6,56%	33	54,10%
Medical Ort & Prosthetist	16	1	6,25%	11	68,75%
Medical Physicist	12	-	0,00%	7	58,33%
Pharmacists	459	15	3,27%	186	40,52%
Total	633	30	4,74%	277	43,76%

Employment Equity

Total Number of Employees per Occupational Band, including employees with disabilities, as at 31 March 2024											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (levels 14-16)	1	4	-	2	1	4	1	1	-	-	14
Senior management (levels 13)	4	9	3	8	2	15	-	9	-	1	51
Professionally qualified/ Experienced Specialist/ Mid-management (Levels 11-12)	81	290	98	445	122	488	141	633	40	44	2 382
Skilled technical/ Academically qualified workers/ Junior management, supervisors, foremen and superintendents (Levels 8- 10)	310	751	20	146	1 043	2 946	78	721	10	12	6 037
Semi-skilled and discretionary decision making (Level 4-7)	1 400	2 445	27	166	5 010	5 793	45	525	10	9	15 430
Unskilled and defined decision making (Levels 1-3)	826	984	5	35	2 769	1 378	3	26	1	-	6 027
Sub-total	2 622	4 483	153	802	8 947	10 624	268	1 915	61	66	29 941
Temporary employees	153	258	121	304	371	519	180	611	23	38	2 578
Total	2 775	4 741	274	1 106	9 318	11 143	448	2 526	84	104	*32 519
Note Nature of appointments periodical, abnormal and admin interns is excluded. Total number of employees includes employees additional to the establishment. *Number of staff as at 31 March 2024.											

Total Number of Employees with Disabilities per Occupational Band, as at 31 March 2024

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (Levels 14-16)	-	-	-	-	-	-	-	-	-	-	-
Senior management (Levels 13)	-	-	-	-	-	1	-	-	-	-	1
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	-	1	-	2	-	3	2	5	-	-	13
Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	1	9	-	2	2	11	4	9	-	-	38
Semi-skilled and discretionary decision making (Level 4-7)	10	37	1	11	15	30	1	14	-	1	120
Unskilled and defined decision making (Levels 1-3)	12	12	1	5	9	13	-	3	-	-	55
Sub-Total	23	59	2	20	26	58	7	31	-	1	227
Temporary employees	1	2	1	2	1	-	-	2	-	-	9
Total	24	61	3	22	27	58	7	33	-	1	236

Note

Nature of appointments periodical, abnormal and admin interns is excluded. Total number of employees includes employees additional to the establishment.

Recruitment in 2023/24											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	-	-	-	-	-	-	-	-	-	-	-
Senior Management (Levels 13)	-	-	1	-	-	-	-	-	-	-	1
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	12	42	16	30	22	39	21	49	1	8	240
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	26	34	1	4	85	95	6	20	1	-	272
Semi-skilled and discretionary decision making (Level 4-7)	114	139	2	12	438	374	5	42	2	4	1 132
Unskilled and defined decision making (Levels 1-3)	73	81	1	2	343	88	-	1	-	-	589
Sub-Total	225	296	21	48	888	596	32	112	4	12	2 234
Temporary employees	95	167	75	125	315	456	105	369	7	22	1 736
Total	320	463	96	173	1 203	1 052	137	481	11	34	3 970
Note Total number of employees includes employees additional to the establishment.											

Promotions in 2023/24											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	-	1	-	-	-	-	-	-	-	-	1
Senior Management (Levels 13)	-	1	-	-	-	2	-	-	-	1	4
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	9	15	7	12	8	26	2	30	-	2	111
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendent (Levels 8- 10)	31	79	2	8	114	272	13	55	1	-	575
Semi-skilled and discretionary decision making (Level 4-7)	154	295	5	23	530	570	5	40	1	-	1623
Unskilled and defined decision making (Levels 1-3)	11	18	-	1	27	17	-	-	-	-	74
Sub-Total	205	409	14	44	679	887	20	125	2	3	2 388
Temporary Employees	7	11	-	4	14	27	1	6	3	-	73
Total	212	420	14	48	693	914	21	131	5	3	2 461
Note Total number of employees includes employees additional to the establishment. Promotions refer to the total number of employees who have advanced to a higher post level within the Department.											

Terminations in 2023/24											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14 - 16)	-	-	-	-	-	-	1	-	-	-	1
Senior Management (Levels 13)	-	-	-	-	-	2	-	1	-	-	3
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11 - 12)	4	23	9	45	16	24	9	59	4	5	198
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8 - 10)	43	65	3	17	106	259	4	80	5	1	583
Semi-skilled and discretionary decision making (Level 4 - 7)	118	152	1	19	323	426	6	60	-	-	1 105
Unskilled and defined decision making (Levels 1 - 3)	47	63	-	5	101	71	-	1	-	-	288
Sub-Total	212	303	13	86	546	782	20	201	9	6	2 178
Temporary employees	145	222	65	190	661	707	127	433	26	24	2 600
Total	357	525	78	276	1 207	1 489	147	634	35	30	4 778
Note Total number of employees includes employees additional to the establishment. Temporary employees reflect all contract appointments.											

Disciplinary Actions in 2023/24											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Total	41	32	-	3	12	23	-	1	-	-	112
Note The disciplinary actions total refers to formal outcomes only and not headcount.											

Skills Development in 2023/24									
Occupational Levels	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	-	1	-	1	1	1	1	1	6
Senior Management (Levels 13)	-	4	-	2	2	7	-	5	20
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	39	101	30	118	62	214	59	200	823
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foreman and superintendents (Levels 8- 10)	126	297	7	49	453	1 205	30	318	2 485
Semi-skilled and discretionary decision making (Level 4-7)	442	934	6	45	1 544	2 093	20	181	5 265
Unskilled and defined decision making (Levels 1-3)	198	274	1	3	668	360	-	3	1 507
Sub-Total	805	1 611	44	218	2 730	3 880	110	708	10 106
Temporary employees	16	35	9	32	25	68	15	65	265
Total	821	1 646	53	250	2 755	3 948	125	773	10 371

Signing of Employment Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken are presented here.

Signing of Performance Agreements per SMS Level as at the 31 May 2023				
SMS level	No. of funded SMS posts per level	No. of SMS Members per level	No. of signed performance agreements per level	Signed performance agreements as % of SMS members per Level
Head of Department (HoD)	1	1	1	100%
Salary Level 16 (Excl. HoD)	-	-	-	0%
Salary level 15	4	4	4	100%
Salary level 14	9	9	9	100%
Salary level 13	58	52	52	100%
Total	72	66	66	100%

Reasons for Not Concluding the Performance Agreements of all SMS Members
N/A

Disciplinary steps taken against SMS Members for not having concluded Performance Agreements

N/A

Filling of SMS Posts

SMS Posts as at 30 September 2023

SMS level	Total No. of funded SMS posts per level	Total No. of SMS posts filled per Level	% of SMS posts filled per level	Total No. of SMS posts vacant %	% of SMS posts vacant per level
Head of Department (HoD)	1	1	100,00%	-	0,00%
Salary Level 16 (Excl. HoD)	-	-	0,00%	-	0,00%
Salary Level 15	4	4	100,00%	-	0,00%
Salary Level 14	9	9	100,00%	-	0,00%
Salary Level 13	58	54	93,10%	4	6,90%
Total	72	68	94,44%	4	5,56%

Note

The number of funded SMS posts per level. 67 SMS staff as 30 September 2022 and 66 as at 31 March 2023 as per guide.

SMS Post Information as at the 31 March 2024

SMS level	Total No. of funded SMS posts per level	Total No. of SMS posts filled per Level	% of SMS posts filled per level	Total No. of SMS posts vacant per Level	% of SMS posts vacant per level
Head of Department (HoD)	1	1	100,00%	-	0,00%
Salary Level 16 (Excl. HoD)	-	-	0,00%	-	0,00%
Salary Level 15	4	4	100,00%	-	0,00%
Salary Level 14	9	9	100,00%	-	0,00%
Salary Level 13	56	53	94,64%	3	5,36%
Total	70	67	95,71%	3	4,29%

Advertising and Filling of SMS Posts as at the 31 March 2024

SMS level	Advertising	Filling of posts	
	No. of vacancies per level advertised in 6 months of becoming vacant	No. of vacancies per level filled in 6 months after becoming vacant	No. of vacancies per level not filled in 6 months but filled in 12 months
Head of Department (HoD)	-	-	-
Salary Level 16 (Excl. HoD)	-	-	-
Salary Level 15	1	1	-
Salary Level 14	-	-	-
Salary Level 13	5	1	3
Total	6	2	3

Reasons for Non-Compliance with the timeframes for filling the vacant funded SMS Posts

SMS level	Reasons for non-compliance
Head of Department (HoD)	N/A
Salary Level 16 (Excl. HoD)	N/A
Salary Level 15	N/A
Salary Level 14	N/A
Salary Level 13	<p>Director: Project Office (TBH) became vacant on 1 September 2019. Interviews were held on 3 previous occasions (27/02/2020, 19/05/2021 & 16/03/2022). 2 Nominated candidates declined the offer, and 1 candidate could not be appointed due to the results of his credentials. A 4th round of interviews took place on 17/03/2023. Appointment made on 1 August 2023.</p> <p>1 x CEO (Alexandra Hospital) vacant since 1 September 2020. Clarity on the role of this post as well as the management structure at the facility must be obtained and then the post will be advertised. The Department is busy with the Micro Design Process. The CD MHS has implemented a management arrangement to oversee the function to ensure service delivery. Appointment made on 1 December 2023.</p>

Disciplinary steps taken to deal with Non-compliance in meeting the prescribed timeframes for the filling of SMS Posts

N/A

Employee Performance

Notch Progression per Salary Band for 2023/24

Salary bands	Employees as at 31 March 2023	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Lower Skilled (Levels 1 - 2)	3 048	2 004	65,75%
Skilled (Level 3 - 5)	12 884	5 396	41,88%
Highly Skilled Production (Levels 6 - 8)	8 421	3 322	39,45%
Highly Skilled Supervision (Levels 9 - 12)	8 940	3 262	36,49%
Senior and Top Management (Levels 13 - 16)	66	43	65,15%
Total	33 359	14 027	42,05%

Note

Sessional and abnormal appointments are excluded in this table. Nurses have a 2 year pay progression cycle. All staff on the maximum notch cannot receive pay progression. All staff who are promoted and are not on the new notch for 12 months by 1 April – cannot receive pay progression. All staff who are newly appointed must be on the notch for 24 months to qualify for pay progression. To qualify for a notch progression there are certain criteria that is: new appointees only qualify for the notch after completion of 24 months, nurses qualify biennially for a notch progression and other employees must be 12 months on a notch to qualify. Notch progression is awarded within accepted norms.

Notch Progression per Critical Occupation for 2023/24

Critical occupation	Employees as at 31 March 2023	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Clinical Technologist	85	40	47,06%
Industrial Technician	61	33	54,10%
Medical Ort & Prosthetist	16	11	68,75%
Medical Physicist	12	7	58,33%
Pharmacists	459	186	40,52%
Total	633	277	43.76%

Note

The nature of appointments periodical and abnormal is excluded.

Performance Reward by Race, Gender & Disability for 2023/24

Race & gender	Beneficiary profile			Cost	
	No. of Beneficiaries	No. of employees in group	% of total group	Cost (R'000)	Total cost as a % of the total personnel expenditure
African					
Male	-	2 891	0,00%	-	0,00%
Female	-	9 410	0,00%	-	0,00%
Indian					
Male	-	265	0,00%	-	0,00%
Female	-	472	0,00%	-	0,00%
Coloured					
Male	-	4 793	0,00%	-	0,00%
Female	-	11 576	0,00%	-	0,00%
White					
Male	-	1 233	0,00%	-	0,00%
Female	-	2 719	0,00%	-	0,00%
Employees with Disabilities	-	238	0,00%	-	0,00%
Total	-	33 359	0,00%	-	0,00%

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards per Salary Band for 2023/24 (excl. SMS Members)

Salary bands	Beneficiary profile			Cost		
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure
Lower Skilled (Levels 1 - 2)	-	3 048	0,00%	-	-	0,00%
Skilled (Level 3 - 5)	-	12 884	0,00%	-	-	0,00%
Highly Skilled Production (Levels 6 - 8)	-	8 421	0,00%	-	-	0,00%
Highly Skilled Supervision (Levels 9 - 12)	-	8 940	0,00%	-	-	0,00%
Total	-	33 293	0,00%	-	-	0,00%

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards, per Salary Band for SMS Members in 2023/24

Salary bands	Beneficiary profile			Cost			
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure	Personnel expenditure per band (R'000)
Senior Management Service Band A (Level 13)	-	52	0,00%	-	-	0,00%	66 743
Senior Management Service Band B (Level 14)	-	9	0,00%	-	-	0,00%	13 757
Senior Management Service Band C (Level 15)	-	4	0,00%	-	-	0,00%	7 045
Senior Management Service Band D (Level 16)	-	1	0,00%	-	-	0,00%	4 674
Total	-	66	0,00%	-	-	0,00%	92 220

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards, per Salary Band for Critical Occupation in 2023/24

Salary bands	Beneficiary profile			Cost		
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure
Clinical Technologist	-	85	0,00%	-	-	0,00%
Industrial Technician	-	61	0,00%	-	-	0,00%
Medical Ort & Prosthetist	-	16	0,00%	-	-	0,00%
Medical Physicist	-	12	0,00%	-	-	0,00%
Pharmacists	-	459	0,00%	-	-	0,00%
Total	-	633	0,00%	-	-	0,00%

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Race

The tables below summarise the employment of foreign Nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

Foreign Workers per Salary Band for 2023/24

Salary bands	31 March 2023		31 March 2024		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Lower Skilled (Levels 1 - 2)	-	0,00%	-	0,00%	-	0,00%
Skilled (Level 3 - 5)	3	1,42%	2	1,06%	(1)	(33,33%)
Highly Skilled Production (Levels 6 - 8)	30	14,15%	27	14,36%	(3)	(10,00%)
Highly Skilled Supervision (Levels 9 - 12)	179	84,43%	158	84,04%	(21)	(11,73%)
Senior and Top Management (Levels 13 - 16)	-	0,00%	1	0,53%	1	0,56%
Total	212	100,00%	188	100,00%	(24)	(11,32%)

Note

The table above excludes non-citizens with permanent residence in the Republic of South Africa. Nature of appointment sessional, periodical, abnormal and admin interns is not included.

Foreign Workers by Major Occupation in 2023/24

Salary bands	31 March 2023		31 March 2024		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Admin office workers	-	0,00%	-	0,00%	-	0,00%
Craft related workers	-	0,00%	-	0,00%	-	0,00%
Elementary occupations	-	0,00%	-	0,00%	-	0,00%
Professionals and managers	154	72,64%	141	75,00%	(13)	(8,44%)
Service workers	5	2,36%	4	2,13%	(1)	(20,00%)
Senior officials and managers	-	0,00%	1	0,53%	1	0,00%
Technical and associated professionals	53	25,00%	42	22,34%	(11)	(20,75%)
Total	212	100,00%	188	100,00%	(24)	(11,32%)

Note

The table above excludes non-citizens with permanent residence in the Republic of South Africa. Nature of appointment sessional, periodical, abnormal and admin interns is not included.

Leave Utilisation

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables indicate the use of sick leave and incapacity leave. In both cases, the estimated cost of the leave is also provided.

Sick Leave from 1 January 2023 to 31 December 2023							
Salary bands	Total days	% of days with medical certification	No. of employees using sick leave	Total No. of employees 31/12/2023	% of total employees using sick Leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	29 450	88,39%	2 773	3 023	91,73%	10	15 042
Skilled (Level 3 - 5)	116 464	86,65%	11 298	12 179	92,77%	10	86 813
Highly Skilled Production (Levels 6 - 8)	87 844	85,96%	8 373	8 873	94,36%	10	101 239
Highly Skilled Supervision (Levels 9 - 12)	67 481	82,30%	7 354	8 945	82,21%	8	149 119
Senior and Top Management (Levels 13 - 16)	318	78,30%	40	68	58,82%	5	1 158
Total	301 557	85,64%	29 338	33 088	90,18%	9	353 371
Note The three-year sick leave cycle started in January 2022. Nature of appointment sessional, periodical, abnormal and admin interns is not included. Annual leave cycle is from 1 January to 31 December of each year. Sick Leave reported in this table includes all categories of leave of 51, 52 and 53 (Incapacity).							

Incapacity Leave (including temporary & permanent) from 1 January 2023 to 31 December 2023							
Salary bands	Total days	% days with medical certification	No. of employees using incapacity leave	Total No. of employees 31/12/2023	% of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	5 200	100,00%	162	3 023	5,36%	32	2 700
Skilled (Level 3 - 5)	24 637	100,00%	617	12 179	5,07%	40	18 488
Highly Skilled Production (Levels 6 - 8)	21 326	100,00%	473	8 873	5,33%	45	24 338
Highly Skilled Supervision (Levels 9 - 12)	15 550	100,00%	369	8 945	4,13%	42	35 826
Senior and Top Management (Levels 13 - 16)	28	100,00%	1	68	1,47%	28	108
Total	66 741	100,00%	1 622	*33 088	4,90%	41	81 460
Note *Staff as at 23 December 2023. The leave dispensation as determined in the "Leave Determination," together with the applicable collective agreements, provides for normal sick leave of 36 working days in a sick leave cycle of three years. If an employee has exhausted his or her normal sick leave, the employer must investigate the - nature and extent of the employee's incapacity. Such investigations must be conducted in accordance with item 10(1) of Schedule 8 of the Labour Relations Act (LRA). Incapacity leave is not an unlimited amount of additional sick leave days at an employee's disposal. Incapacity leave is additional sick leave granted conditionally at the employer's discretion, as provided for in the Leave Determination and Policy on Incapacity Leave and Ill-Health Retirement (PILIR).							

Annual Leave from the 1 January 2022 to 31 December 2023

Salary bands	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	68 293	3 050	22
Skilled (Level 3 - 5)	285 288	12 571	23
Highly Skilled Production (Levels 6 - 8)	219 250	9 409	23
Highly Skilled Supervision (Levels 9 - 12)	218 277	9 367	23
Senior and Top Management (Levels 13 - 16)	1 844	69	27
Total	792 952	34 466	23

Note

Nature of appointment sessional, periodical, abnormal and admin interns is not included. Annual leave cycle is from 1 January to 31 December of each year. A summary is provided in the table below of the utilisation of annual leave. The wage agreement concluded with trade unions in the Public Service Commission Bargaining Chamber in 2000 requires management of annual leave to prevent high levels of accrued leave from having to be paid at the time of termination of service.

Capped Leave from 1 January 2022 to 31 December 2023

Salary bands	Total capped leave available as at 31/12/2022	Total days of capped leave taken	No. of employees using capped leave	Average No. of days taken per employee	No. of employees with capped leave as at 31/12/2023	Total capped leave available as at 31/12/2023
Lower Skilled (Levels 1 - 2)	92	-	-	-	6	91
Skilled (Level 3 - 5)	13 443	1 506	63	24	582	8 465
Highly Skilled Production (Levels 6 - 8)	38 050	4 775	202	24	1 339	34 662
Highly Skilled Supervision (Levels 9 - 12)	36 441	4 318	191	23	1 165	31 735
Senior and Top Management (Levels 13 - 16)	559	146	3	49	14	425
Total	88 585	10 745	459	23	3 106	75 379

Note

It is possible for the total number of capped leave days to increase as employees who were promoted or transferred into the Department, retain their capped leave credits. This forms part of that specific salary band and ultimately the Departmental total. Nature of appointment sessional, periodical, abnormal and admin interns is not included. Annual leave cycle is from 1 January to 31 December of each year.

Reasons	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave Pay-Outs for 2023/24			
Leave pay-outs for 2023/24 due to non-utilisation of leave for the previous cycle	334	18	19
* Capped leave pay-outs on termination of service for 2023/24	21 310	229	93
Current leave pay-outs on termination of service 2023/24	30 681	2 015	15
Total	52 325	2 262	**23

Note

*Capped leave is only paid out in case of normal retirement, termination of services due to ill health and death.

**The average is calculated as per total amount (R'000) divide by no. of employees 52 325/2 262= 23.

HIV and AIDS & Health Promotion Programmes

Steps Taken to Reduce the Risk of Occupational Exposure, 1 April 2023 to 31 March 2024
Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)
No employees were diagnosed with TB in this period.
Key steps taken to reduce the risk
Education and awareness sessions on HIV/AIDS, TB and STIs were taken into consideration in reducing the risk.

Details of Health Promotion and HIV and AIDS programmes 1 April 2023 to 31 March 2024		
HIV and AIDS & Health Promotion programmes		
Question	Yes	No
Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X	
Mrs Bernadette Arries, Chief Director: People Management		
Question	Yes	No
Does the Department have a dedicated unit, or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X	
<p>Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:</p> <ul style="list-style-type: none"> Deputy Director: Ms Michelle Buis (Employee Wellness, Diversity & Disability Manager), Assistant Director: Ms Janice Andrews (Employee Health and Wellness), Assistant Director: Mr Nabeel Ismail (SHERQ), Practitioners: Ms Caldine Van Willing, Mr Marshall Engle, Mr Bernad Malesa and Mr Brandon Botha, and Clerk: Ms Amy Bester. <p>Budget: As there were no service provider appointed, no dedicated budget was available as HIV/AIDS, STI and TB testing and screening was provided via GEMS and other service providers at no cost.</p>		
Question	Yes	No
Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme?	X	
<p>The Department follows an integrated approach whereby internal and external services are used. An independent service provider, Metropolitan Health, has been appointed for the period 2020-2023. A new service provider Lyra, previously known as ICAS will commence as from 01 April 2024.</p> <p>Programmes and Services offered are as follows:</p> <ol style="list-style-type: none"> Counselling and Support Services: <ul style="list-style-type: none"> 24/7/365 Telephone Counselling. The service is available to all employees and their household members, Face to face counselling (6 session model) per issue, Case Management, Trauma/Critical Incident management, and HIV and AIDS Counselling. Life Management Services: <ul style="list-style-type: none"> Family Care, Financial Wellness, Legal Information and Advice. Managerial Consultancy and Referral Services: <ul style="list-style-type: none"> Managerial Consultancy, and Formal referral Programme. Psychosocial Interventions: <ul style="list-style-type: none"> Targeted Psycho-Social Interventions based on identified needs and trends. Electronic Wellness Information System (EWIS): <ul style="list-style-type: none"> EWIS is an innovative online Healthcare Service to help improve Employee Health and Wellness. 		

Question	Yes	No
Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X	
<p>Health Departmental Committee:</p> <ul style="list-style-type: none"> Ms Michelle Buis: Head Office, Ms Janice Andrews: Head Office, Ms Caldine Van Willing: Head Office, Mr Nabeel Ismail: Head Office, Mr Marshall Engle: Head Office, Mr Bernad Malesa: Head Office, Mr Brandon Botha: Head Office, Ms Mercy Lazarus & Ms Lisl Mullins: Groote Schuur Hospital, Mr Zakhele Mhlanga: Tygerberg Hospital, Ms Galiema Haroun: Red Cross Hospital, Ms P Solani, and G Engelbrecht: Associated Psychiatric Hospitals, Ms Wendy Swart: Cape Winelands District, Ms Nijma Petersen: Lentegeur Hospital, Mr Eustace Sass: Overberg District, Ms Portia Kotze & Mr Riaan van Staden: West Coast District, Mr Robert Joubert & Ms Lindiwe Mguzulwa: Garden Route/Central Karoo Districts, Mr Riaan Van Staden: MHS, Mr Denzil Moni: Mowbray Maternity Hospital, Ms Nuruh Davids: Rural Health Service, Mr Allen Pretorius: Klipfontein Mitchells Plain, Ms Lamees Petersen: Southern Western, Mr Brandon Hendricks: Eastern Khayelitsha, Ms Zandile Ramaota: Northern Tygerberg, Ms Liesl Meter & Ms Emma Hoffmeyer: Emergency Medical Services, Ms Candice Machelm: Forensic Pathology Services, and Mr Ricardo Petersen: Paarl Hospital. 		
Question	Yes	No
Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees based on their HIV status? If so, list the employment policies/practices so reviewed.		X
<p>HIV and AIDS, STI, and TB is a transversal issue in the Western Cape Government. The Department has been appointed as the primary driver of the process and has a dual role to play (i.e., oversight and management of the Departmental programme as well as managing and coordinating the programme within the Province). The transversal Employee Health and Wellness Policies were approved in April 2016.</p>		
Question	Yes	No
Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X	
<p>Key elements – HIV/AIDS/STI Programmes:</p> <ul style="list-style-type: none"> To ensure that every employee within the Department receives appropriate and accurate HIV and AIDS, and STI risk-reduction education. To create a non-discriminatory work environment via the workplace HIV and AIDS/STI policy. To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred. To provide HIV counselling and testing services for those employees who wish to determine their own HIV status. To determine the impact of HIV and AIDS on the Department to plan accordingly. To promote the use of and to provide South African Bureau of Standards approved male and female condoms. Awareness raising of available services. Education and training. Counselling. Critical incident stress debriefing (CISD). Reporting and evaluating. 		

Question		Yes	No
Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved.		X	
<p>Yes, The Department encourages voluntary counselling and testing. For the period 1 April 2023 - 31 March 2024 no service provider has been in place. The Department is advertising and appointing a new service provider within the new financial year 2024/2025. A total of 263 employees underwent counselling and HIV testing. There has been a significant decrease in testing opportunities and other challenges within the programme e.g., interim arrangement with Government Medical Aid Scheme providing the health screening services deemed not successful.</p> <p>Government Medical Aid Scheme has been conducted the screening services in the interim period however experienced many challenges in performing this task.</p>			
Department of Health total number of employees	Tested	Positive	Negative
Total	263	-	263
Question		Yes	No
Has the Department developed measures/indicators to monitor and evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators?		X	
<p>The Department has an annual monitoring and evaluation tool for the Workplace HIV and AIDS Programme. This information is submitted to the HOD, DDG and DPSA.</p> <p>Monthly statistics, quarterly reports and annual reports provided by HIV Testing Service providers serves to monitor and evaluate the effectiveness of the programme.</p> <p>Reports provided by the Employee Health and Wellness service provider/s serves to monitor and evaluate the effectiveness of this programme and to identify trends and challenges within the Department to develop and implement tailor- made interventions to address trends identified.</p>			

Labour Relations

The following collective agreements were entered into with trade unions within the Department.

Collective Agreements for 2023/24
None.

Misconduct & Disciplinary Hearings finalised in 2023/24		
Outcomes of disciplinary hearings	No.	% of Total Hearings
Correctional counselling	-	0,00%
Verbal warning	-	0,00%
Written warning	-	0,00%
Final written warning	5	4,46%
Suspended without pay	10	8,93%
Demotion	-	0,00%
Dismissal	54	48,21%
Desertion	40	35,71%
Not guilty	3	2,68%
Case withdrawn	-	0,00%
Total	112	100,00%
% of total employment		0,34%
Note Outcomes of disciplinary hearings refer to formal cases only.		

Types of Misconduct Addressed in Disciplinary Hearing for 2023/24		
Outcomes of disciplinary hearings	No.	% of Total
Absent from work without reason or permission	17	15,18%
Code of conduct (improper/unacceptable manner)	5	4,46%
Insubordination	8	7,14%
Fails to comply with or contravenes acts	-	0,00%
Negligence	-	0,00%
Misuse of WCG property	5	4,46%
Steals, bribes or commits fraud	14	12,50%
Substance abuse	5	4,46%
Sexual harassment	7	6,25%
Discrimination	2	1,79%
Assault or threatens to assault	9	8,04%
Desertions	40	35,71%
Protest Action	-	0,00%

Types of Misconduct Addressed in Disciplinary Hearing for 2023/24

Outcomes of disciplinary hearings	No.	% of Total
Social grant fraud	-	0,00%
Total	112	100,00%

Grievances Lodged in 2023/24

Outcomes of disciplinary hearings	No.	% of Total
Number of grievances resolved	95	46,80%
Number of grievances not resolved	53	26,11%
Pending	55	27,09%
Total	203	100,00%

Note

Number of grievances resolved means the grievance outcome was to the satisfaction of the employee. Number of grievance unresolved means the grievance outcome was not to the satisfaction of the employee. Pending means cases that are still being finalised.

Disputes Lodged with Councils in 2023/24

Conciliations	No.	% of total
Deadlocked	51	92,73%
Settled	-	0,00%
Withdrawn	4	7,27%
Total No. Of Disputes Lodged	55	100,00%
Arbitrations	No.	% of total
Upheld in favour of employee	49	85,97%
Dismissed in favour of employer	1	1,75%
Settled	7	12,28%
Total No. Of Disputes Lodged	57	100,00%

Note

Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and Public Health and Social Development Sectoral Bargaining Council (PHSDSBC).

Strike Action in 2023/24

Total number of persons working days lost	-
Total cost of working days lost (R'000)	-
Amount recovered as a result of no work no pay	-

Precautionary Suspensions in 2023/24

Number of people suspended	28
Number of people whose suspension exceeded 60 days	12
Average number of days suspended	63
Cost of suspension	R 2 371 391,73

Note

Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and Public Health and Social Development Sectoral Bargaining Council (PHSDSBC).

Skills Development

This section highlights the efforts of the Department with regards to skills development. The tables below reflect the training needs at the beginning of the period under review, and the actual training provided.

Training Needs Identified for 2023/24						
Occupational category	Gender	No. of employees as of 31 March 2023	Training needs identified at start of the reporting period			
			Learnerships	Skills Programme and other short courses	Other forms of training	Total
Legislators, senior officials and Managers	Female	98	-	14	-	14
	Male	138	-	12	-	12
Professionals	Female	10 439	-	6 849	-	6 849
	Male	3 367	-	1 410	-	1 410
Technicians and associate Professionals	Female	849	-	413	-	413
	Male	686	-	323	-	323
Clerks	Female	2 744	-	1 519	-	1 519
	Male	1 469	-	822	-	822
Service and sales workers	Female	7 797	-	6 137	-	6 137
	Male	1 918	-	1 909	-	1 909
Skilled agriculture and fishery Workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Craft and related trades workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Plant and machine operators and assemblers	Female	10	-	1	-	1
	Male	156	-	46	-	46
Elementary occupations	Female	2 240	-	1 190	-	1 190
	Male	1 448	-	570	-	570
Sub-Total	Female	2 4177	-	16 123	-	16 123
	Male	9 182	-	5 092	-	5 092
Total		33 359	-	21 215	*1 217	21 215
Employees with disabilities	Female	129	-	76	-	76
	Male	108	-	53	-	53
Note *Other forms of training - (Interns, Adult Basic Education and Training, Home-based carers). The above table identifies the training needs at the start of the reporting period as per the Department's Workplace Skills Plan. Source: Quarterly Monitoring and Evaluation Reports.						

Training Provided in 2023/24

Occupational category	Gender	No. of employees as of 31 March 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	99	-	48	-	48
	Male	142	-	59	-	59
Professionals	Female	10 153	78	6 811	-	6 889
	Male	3 282	50	1 711	-	1 761
Technicians and associate professionals	Female	825	-	339	-	339
	Male	734	-	220	-	220
Clerks	Female	2 635	-	2 445	-	2 445
	Male	1 422	-	1 209	-	1 209
Service and sales workers	Female	7 599	-	3 794	-	3 794
	Male	1 874	-	972	-	972
Skilled agriculture and fishery workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Craft and related trades workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Plant and machine operators and assemblers	Female	8	-	5	-	5
	Male	158	-	54	-	54
Elementary occupations	Female	2 220	-	625	-	625
	Male	1 368	-	532	-	532
Sub-Total	Female	23 539	78	14 067	-	14 145
	Male	8 980	50	4 757	-	4 807
Total		32 519	128	18 824	*1 405	18 952
Employees with disabilities	Female	126	-	96	4	100
	Male	110	-	70	8	78

Note

*Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training, Community Health Workers).

The above table identifies the number of training courses attended by individuals during the period under review. Source: Quarterly Monitoring and Evaluation Reports.

Injury on Duty

The table below provides basic information on the injury on duty.

Injuries on Duty for 2023/24		
Nature of injury on duty	No.	% of total
Required basic medical attention only	1 389	74,74%
Temporary disablement	425	22,85%
Permanent disablement	44	2,36%
Fatal	1	0,05%
Total	1 858	100,00%
	% of total employed	5,71%
Note The information provided above is calculated and provided as per the Department of Labour definition of IOD (i.e., basic IOD equals no leave taken, temporary disablement is less than 14 days leave for occupational injuries and disease and permanent disablement more than 14 days for leave for occupational injuries and disease).		

Utilisation of consultants

Purpose	Name of Consultant/ Contractor	Amount R'000
Evaluation of PILIR and Incapacity cases	Alexander Forbes health (Pty) Ltd.	185
Provision of services related to the NEWSTER 50 machine for medical waste pulp	Alloro Africa Enviro Services	262
Monitoring of internal controls and risk management process independently as part of its quarterly review of the Department	Audit committee	322
PERSAL system data analysis	BCX	1 275
Facilitating of a patient satisfaction survey, data analysis and feedback to Institution	Break through HR solutions	75
The rendering of translation services	Department of Cultural Affairs and Sport	13
Information Technology related services	Department of the Premier	1 199
Conducting background screening and reference checks for Recruitment and Selection purposes as directed by DPSA.	Dots Africa	2 850
Competency assessments for SMS members	Gijima holdings	19
Telephonic and on-site interpretation services	Folio online	6 288
Maintenance of computer systems like HIS / Assisted the Hospital Fees (Billing) Department with electronic submissions	Health System Technologies	809
Address patient complaints in respect of the quality of care they received.	Independent Health Complaints Committee	12
Provision of integrated management services for Western Cape Rehabilitation Centre and Lentegeur Psychiatric Hospital	Lentegeur Facilities Management	104 013
Services rendered by the Board members of the Mental Health Review Board	Mental Health Review Board	3 709
Climate change consultant	Martjie Cloete	119
Organisational Improvement, Change and Culture Transformation Project at Tygerberg Hospital	Percept Actuaries and consultant	467
Client Satisfaction Survey	Prime Exactium Enterprise	148
SABS payments for Dosimeter monitoring (Radiation Protection Fees)	Sabs Commercial	1 104
Temperature and humidity at the Oudtshoorn Depot	Rapid Instrumentation CC	43
Competency Assessments for SMS members	The Assessment Toolbox	84
Development of training material & facilitation of training for clinical staff and Community Health Workers	The Health Foundation of South Africa	3 566
Competency assessments for filling of posts level 9 and up	Treetops Management and Development	37
Contract with UCT for rendering Pharmaco-vigilance, MIC Hotline service WCGHSC0152/2018 and COVID-19 related material	University of Cape Town	3 910
Co-designing the Strategic Framework & Implementation Guidelines for Area Based Teams (ABTs)	Western Cape Economic Development Partner	476
Honorarium payment for Student Representative Council WCCN	Western Cape College of Nursing	5
Total		130 990

The Western Cape
Health Warehouse
is centralising
procurement to
improve service
delivery.





PART E:

PFMA Compliance Report

Information on irregular, fruitless and wasteful, unauthorised expenditure and material losses

Irregular expenditure

Reconciliation of irregular expenditure	2023/2024	2022/2023
	R'000	R'000
Opening balance	81 165	45 405
Adjustment to opening balance	-	29 965
Opening balance as restated	81 165	75 370
Add: Irregular expenditure confirmed	6 866	6 380
Less: Irregular expenditure condoned	(67 025)	(585)
Less: Irregular expenditure not condoned and removed	-	-
Less: Irregular expenditure recoverable	-	-
Less: Irregular expenditure not recoverable and written off	-	-
Closing balance	21 006	81 165

Reconciling notes	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure that was under assessment	-	-
Irregular expenditure that relates to the prior year and identified in the current year	-	-
Irregular expenditure for the current year	6 866	6 380
Total	6 866	6 380

Details of irregular expenditure (under assessment, determination, and investigation)	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure under assessment	-	-
Irregular expenditure under determination	-	-
Irregular expenditure under investigation	-	-
Total	-	-

Details of irregular expenditure condoned	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure condoned	67 025	585
Total	67 025	585

No irregular expenditure was removed (not condoned) during this reporting period.

No irregular expenditure of the current and previous year recovered during this reporting period.

No Irregular expenditure of the current and previous year written off (irrecoverable) during this reporting period.

Additional disclosure relating to Inter-Institutional Arrangements

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance) were found during this reporting period.

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance) were found during this reporting period.

Details of non-compliance cases where an institution is involved in an institutional arrangement
Disciplinary steps taken
N/A

Fruitless and wasteful expenditure

Reconciliation of fruitless and wasteful expenditure	2023/2024	2022/2023
	R'000	R'000
Opening balance	30	12
Adjustment to opening balance	-	-
Opening balance as restated	-	-
Add: Fruitless and wasteful expenditure confirmed	-	18
Less: Fruitless and wasteful expenditure recoverable	-	-
Less: Fruitless and wasteful expenditure not recoverable and written off	(30)	-
Closing balance	-	30

Reconciling notes	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment	-	-
Fruitless and wasteful expenditure that relates to the prior year and identified in the current year	-	-
Fruitless and wasteful expenditure for the current year	-	18
Total	-	18

No current and previous years fruitless and wasteful expenditure (Under assessment, determination, and investigation) during this reporting period.

No current and previous years Fruitless and Wasteful Expenditure recovered during this reporting period.

No current and previous years Fruitless and Wasteful Expenditure not recovered and written off during this reporting period.

Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure
Disciplinary steps taken
No disciplinary or criminal steps as a result of Fruitless and Wasteful Expenditure were undertaken during this reporting period.

Unauthorised expenditure

No unauthorised expenditure incurred.

Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b) (i) & (iii)

Details of material losses through criminal conduct	2023/2024	2022/2023
	R'000	R'000
Theft	-	22
Other material losses	-	-
Less: Recoverable	-	-
Less: Not recoverable and written off	-	-
Total	-	22

No other material losses were reported in this reporting period.

No other material losses were recovered in this this reporting period.

Other material losses not recoverable and written off: Nature of losses	2023/2024	2022/2023
	R'000	R'000
Government vehicle damages and losses	1 995	1 997
Redundant stock (CMD & HIV Aids)	982	1 318
Total	2 977	3 315

Late and/or non-payment of suppliers

The tables below provide Information on the late and or non-payment of suppliers.

Description	Number of invoices	Consolidated Value
	Number	R'000
Valid invoices received	199 823	13 365 842
Invoices paid within 30 days or agreed period	196 239	13 227 002
Invoices paid after 30 days or agreed period	3 584	138 840
Invoices older than 30 days or agreed period (unpaid and without dispute)	212	10 225
Invoices older than 30 days or agreed period (unpaid and in dispute)	4	564

Note:

Misfiled, misplaced, and unrecorded invoices.

Inadequate budget and/or cash flow management problems.

Supply Chain Management

Procurement by other means

Project description	Name of supplier	Type of procurement by other means	Contract number	Value of contract R'000
Fully comprehensive maintenance and service contract for one (1) fuji amulet innovality digital mammographic system	Lomaen Medical Projects	Limited bid	GSHTPT162/2023	1 098
The supply, delivery, and installation of one (1) endobronchial ultrasound	Surgical Innovations	Limited bid	TBH 204/2023	1 161
Nw50 medical waste sterilizer system	Alloro Africa Enviro Services	Limited bid	RCCH16/2022	1 292
Supply and delivery of kidney assist disposable kits, compatible with the kidney assist transport organ preservation system	Collgo Medical	Limited bid	GSHTPT161/2023	1 490
External speech processors for cochlear implant systems for the speech and hearing department at Tygerberg Hospital	Southern Ear Nose and Throat	Limited bid	TBH 507/2023	1 670
Supply of donor breast milk children's hospital	Milk Matters	Limited bid	TBH 502/2023	1 709
Rendering of system support for the stand-alone Syspro asset management module at 2 Central Hospitals (Groote Schuur and Tygerberg Hospital) for a period of 3 years	Greater Translogic Advisory Services	Limited bid	TBH 509/2023	2 230
Maintenance agreement of 5 servo-i, 25 servo-u, 2 servo-air ventilators	Maqcare	Limited bid	RCCH30/2019	2 300
Supply and delivery of tunnel washer consumables, compatible with the Getinge cm320 series washer sterilizer and disinfectant industrial machine in the central processing department (CPD)	Medhold Medical	Limited bid	GSHTPT87/2023	2 383

Project description	Name of supplier	Type of procurement by other means	Contract number	Value of contract R'000
Supply, delivery and commissioning of 5 microprocessor controlled Including ventilators to handle tidal volumes of 15ml to 2000ml for use in a1w surgery, ICU at Tygerberg Hospital	SSEM Mthembu Medical	Limited bid	TBH 202/2023	2 412
Supply and delivery of anesthetic machines for Khayelitsha Hospital	Medhold Medical	Limited bid	WCGHCL0902023	2 603
Supply, delivery, and installation of one pulmonary function testing system for a5 lung function lab at Tygerberg Hospital	Respiratory Care Africa	Limited bid	TBH 201/2023	2 915
Maintenance, service and repair of the nurse call, radio distribution and Spectro pa system at Tygerberg Hospital	Keenro Communication Technologies	Limited bid	TBH 506/2023	3 232
Supply, delivery, installation, and all-inclusive maintenance (after the 12-month warranty period) of a c-arm machine	Lomaen Medical	Limited bid	WCGHCL091/2023	3 247
Provision of health lifestyles training, support and research services delivered by the university of cape town-led academic consortium	UCT-Led Academic Consortium	Limited bid	WCGHSC00222/2019	4 679
Digital retinal fundus imaging system for use in the department of ophthalmology c7a	Carl Zeiss	Limited bid	TBH 205/2023	4 813
Rendering of a comprehensive medical practitioner service to kannaland sub-district in the garden route district	Dr Pauw And Partners	Limited bid	WCGHSL 0356/2023	5 864
Provision of optometric services and optometric consumables	Pedlar Optometrist Inc	Limited bid	RCCH06/2023	6 722
Preventative maintenance, servicing, and repairs of all Dräger anesthetic machines at institutions	Dräger Medical South Africa	Limited bid	WCGHCL088/2023	7 000
Maintenance agreement for one da Vinci surgical robot	Medhold Medical	Limited bid	GSHP159/2023	7 547

Project description	Name of supplier	Type of procurement by other means	Contract number	Value of contract R'000
Comprehensive maintenance contract for one (1) da Vinci surgical robot in the main theatre complex	Medhold Medical	Limited bid	TBH 505/2023	7 547
Maintenance agreement of various Philips equipment	Philips South Africa	Limited bid	RCCH07/2022	8 115
Comprehensive service and maintenance agreement including the annual quality assurance testing of various Philips equipment	Philips South Africa	Limited bid	RCCH07/2022	8 115
Supply, delivery, installation, demonstration, and commissioning of general bucky rooms with ceiling suspension for use in various institutions	Axim	Limited bid	WCGHCL060/2023	17 000
Supply, delivery and maintenance of various medical equipment for EMS	Dräger Medical South Africa, B Braun Medical, SSEM Mthembu Medical	Limited bid	WCGHCL087/2022	44 000
Supply and delivery of bone graft and human tissue to all institutions	Bone SA	Limited bid	WCGHCL089/2023	55 000
For the supply of oximeters sensors probes for the 3 central hospitals	Medtronic Africa	Limited bid	CHTRV02/2023	67 196
The provision of blood and blood products services provided by the western cape blood services (WCBS)	Western Cape Blood Service	Limited bid	WCGHCL028/2023	1 407 545
TOTAL				1 680 885

Contract Variations and Expansions

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Removal of waste and garden waste	Waste-Mart	Extension	GSHT25/2018	3 373	-	810
Replacement of Care machine for Troponin T	Medhold Medical	Extension	GSHT77/2022	1 004	-	137
Phacoemulsification machines for anterior removal of cataracts and supply of consumables	Vertice Healthcare	Extension	GSHT62/2021	3 680	-	1 037
Retrofit of a current x ray room with flat panel detectors at Beaufort West, George, Mitchell's Plain and Paarl Hospitals	African X-Ray Industrial & Medical	Expansion	WCGHCC141/2022	12 939	-	2 099
Gastro-enterology consugastro-enterology consumables	Allenco Medical	Extension	WCGHCC004/2017 & WCGHCC004/1/2018	12 8015	-	33 395

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Catheters, Drainage Bags and Urology	Various	Extension	WCGHCC023/2017 AND WCGHCC023/1/2020	63 467	-	21 282
Print and Delivery of Patient Records to all Institutions	Lex Lines Press	Extension	WCGHSC0109/2017	29 066	-	9 689
Supply and Delivery of the Hospital Information System (HIS) for the Provincial Hospitals	Health System Technologies	Extension	WKT30655/98A	250 000	-	161
Professional service to assist with development of WEB-BASED applications	Quantum Leap Consulting	Extension	WCGHSC0216/1/2019	95 494	-	32 778
Online recruitment system	Petros Business Solutions	Extension	WCGHSL0231/2020	1 966	-	719

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Rendering of a comprehensive staff transport service for the southern western sub-structure office	Top N Nos	Extension	WCGHSC 00214/2019	1 728	-	317
Rendering of medical practitioner services to Citrusdal Hospital	Drs Burger and Van Zyl	Extension	WCGHSL 0236/2019	15 263	-	1 334
Supply and delivery of the hospital information system (his) for the Provincial Hospitals	Clinicom AR Billing and ECCR Systems	Extension	WKT30655/98A	250 000	-	66 886
Supply and delivery of stationery items	Lutak Consulting, Masiqhamo Trading 1057	Extension	WCGHSC0217/2019	1 152	-	548
For provisioning of Home-Based cares	Top N Nos	Extension	WCGHSC0227/2019	15 222	-	5 806
For provisioning of Home-Based cares, cook assistants and cleaners	Top N Nos	Extension	WCGHSC0227/2019	15 222	-	2 686

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Transversal security services	All 4 Security Services Distinctive Choice Security 447 Ensemble Trading 2366	Extension	WCPT TR 01/2017	621 381	-	20 566
Transversal security services	All 4 Security Services Distinctive Choice Security 447 Ensemble Trading 2366	Extension	WCPT TR 01/2017	621 381	-	61 699
Procure a Management Administration System to 5 Campuses	Rbi Asset Management ('Rbi')	Extension	WCGHSL0206/1/2019	4 776	-	1 017
Supply and delivery of intravenous blood and	Various	Extension	WCGHCC042/2018	43 348	-	7 225
Supply and delivery of meshes and fixation devices	Various	Extension	WWCGHCO04/2018	18 022	-	2 368
Nursing agency	Various	Extension	WCGHSC 0212/20219	125 000	-	6 944
Nursing agency	Various	Extension	WCGHSC 0212/20219	125 000	-	13 889
Nursing agency	Various	Extension	WCGHSC 0212/20219	125 000	-	10 417

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Health Lifestyle Training, Support and Research Service Delivered by the University of Cape Town -LED Academic Consortium	UCT (University of Cape Town) (University Of Cape Town)	Extension	WCGHSL 0222/2019	4 679	-	649
Pharmacovigilance or adverse drug reaction monitoring programmed in respect of all medicine usage	UCT	Extension	WCGHSC 0308/2021	8 911	-	688
Preventative maintenance, servicing, and repairs of all ge datex ohmeda anesthetic machines and monitors at institutions	Medhold Medical	Extension	WCGHCL058/2020	1 020	-	1 188
Supply and delivery of a comprehensive radiology service in George & Knysna	Dr We Scribante & Partners Incorporated	Extension	WCGHCC128/2021	2 882	-	480
Disposal contract for the NW50 medical waste sterilizer system	Alloro Africa Enviro Services	Extension	DOC3196353484	319	101	99
Service contract for the nester NWSD medical waste sterilizer system	Alloro Africa Enviro Services	Extension	DOC2902929363	381	169	68
Testing of various Philips equipment	Philips South Africa Commercial	Extension	RCCH01/2020	10 797	327	231
Cleaning service	Top 'N Nos	Extension	RCCH03/2019	27 576	2 367	1 183

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
NW50 medical Waste Sterilizer system	Alloro Africa Enviro Services	Extension	DOC2902929274	370	66	33
Cleaning service	Top 'N Nos	Extension	RCCH03/2019	27 576	1 183	3 550
Maintenance of twenty Servo-U and two Servo-Air ventilators	Maqcare	Extension	RCCH30/2019	2 182	-	71
Procurement of cartridge/Cassette Blood-gas	Medhold Medical	Expansion	RCCH05/2021	1 124	-	223
Provisioning of Optometric Services	Pedlar Optometrist Inc	Expansion	RCCH07/2020	3 094	870	11
Supply of frozen vegetables	Freezerlink Frozen Food Cc	Expansion	RCCH03/2022	1 068	-	423
Maintenance contract for the patient monitoring systems in PICU (PAEDIATRIC INTENSIVE CARE UNIT)	Philips South Africa Commercial	Extension	RCCH14/2017	1 598	724	2 472
Maintenance, and annual quality assurance testing of three shimadzu digital mobile dart evolution	Axim	Expansion	RFQ-1022-2023-03-59943	999	-	246

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Elite us423b0164 ultrasound machine	Philips South Africa Commercial	Expansion	RCCH07/2022	8 115	-	781
Supply and delivery of fresh meat products for the food services department at Tygerberg Hospital	Blaauwberg Meat Specialties	Extension	TBH 304/2022	7 858	-	24 334
Supply, delivery, collection, sterilize and re-supply of reusable gowns, drapes, trolley covers and minor procedure kits for the anaesthetics & theatre service department at Tygerberg Hospital	Priontex Healthcare Solution	Extension	TBH 501/2020	21 534	-	2 159
Total				2 703 582	5 807	342 698

Taking services to
our clients through
Community Orientated
Primary Care (COPC).



Investing in
infrastructure
at Tygerberg
Laundry.





PART F:

Financial Information

Report of the auditor-general to the Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health and Wellness

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Western Cape Department of Health and Wellness set out on pages 207 to 267, which comprise the appropriation statement, statement of financial position as at 31 March 2024, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health and Wellness as at 31 March 2024, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2023 (Dora).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matter

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Material impairment

7. As disclosed in note 23.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R394 million (2022-23: R326 million).

Other matter

8. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

9. The supplementary information set out in pages 268 to 288 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

10. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA and Dora; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
11. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Responsibilities of the auditor-general for the audit of the financial statements

12. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
13. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 204, forms part of this auditor's report.

Report on the audit of the annual performance report

14. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for the selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
15. I selected the following programmes presented in the annual performance report for the year ended 31 March 2024 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2 - District Health Services	36 to 37 43 to 49 51 to 53	To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services to the population of the Western Cape Province.
Programme 4 - Provincial Hospital Services	61 to 63 64 to 65	To deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research.

16. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.
17. I performed procedures to test whether:
 - the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives;
 - all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included;
 - the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements;
 - the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated;
 - the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents;
 - the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable; and
 - there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.
18. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.
19. I did not identify any material findings on the reported performance information for the selected programmes.

Other matter

20. I draw attention to the matter below.

Achievement of planned targets

21. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- or underachievement.
22. The tables that follow provide information on the achievement of planned targets and list the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 36 to 37; 43 to 49; 51 to 53; 61 to 63 and 64 to 65.

Programme 2 – district health services

Targets achieved: 73,0%		
Budget spent: 99,8%		
Key service delivery indicators not achieved	Planned target	Reported achievement
<i>Primary healthcare</i>		
Antenatal 1st visit before 20 weeks rate	74,00%	73,88%
Mother postnatal visit within 6 days rate	61,50%	60,90%
Measles 2nd dose coverage	70,00%	69,90%
Neonatal death in facility rate	8,21	8,66
ART (antiretroviral therapy) child viral load suppressed rate (12 months)	40,00%	37,60%
All DS-TB (drug-susceptible tuberculosis) client loss to follow-up rate	21,00%	23,09%
TB Rifampicin resistant/multidrug-resistant lost to follow-up rate	24,30%	26,10%
TB pre-XDR (extensively drug-resistant) loss to follow-up rate	24,62%	27,56%
<i>District hospitals</i>		
Child under 5 years pneumonia case fatality rate	0,23%	0,28%
Death under 5 years against live birth rate	1,18%	1,22%

Programme 4 – provincial hospital services

Targets achieved: 81,3%		
Budget spent: 99,2%		
Key service delivery indicators not achieved	Planned target	Reported achievement
<i>Specialised hospitals</i>		
Complaint resolution within 25 working days rate	98,00%	96,70%
Patient safety incident (PSI) case closure rate	98,80%	98,30%
Severity assessment code (SAC) 1 incident reported rate within 24 hours rate	57,98%	35,04%

Report on compliance with legislation

23. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.
24. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.
25. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.
26. I did not identify any material non-compliance with the selected legislative requirements.

Other information in the annual report

27. The accounting officer is responsible for the other information included in the annual report. The other information referred to does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in this auditor's report.
28. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation, do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
29. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
30. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report on that fact.
31. I have nothing to report in this regard.

Internal control deficiencies

32. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
33. I did not identify any significant deficiencies in internal control.

Auditor General

Cape Town

31 July 2024



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

- The auditor-general's responsibility for the audit.
- The selected legislative requirements for compliance testing.

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with selected requirements in key legislation.

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999	Section 1 Section 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(f); 38(1)(h)(iii); 38(1)(j) Section 39(1)(a); 39(2)(a) Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(1); 43(4) Section 44(1); 44(2) Section 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3 Regulation 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b) Regulation 7.2.1 Regulation 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1 Regulation 9.1.1; 9.1.4 Regulation 10.1.1(a); 10.1.2 Regulation 11.4.1; 11.4.2; 11.5.1 Regulation 12.5.1 Regulation 15.10.1.2(c) Regulation 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a); 16A6.2(b); 16A6.3(a); 16A6.3(b); 16A6.3(c); 16A 6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A7.1; 16A7.3; 16A7.6; 16A7.7; 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A9.1(d); 16A9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii) Regulation 17.1.1 Regulation 18.2 Regulation 19.8.4
Construction Industry Development Board Act 38 of 2000	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17 Regulation 25(7A)
Division of Revenue Act 5 of 2023	Section 11(6)(a) Section 12(5) Section 16(1); 16(3); 16(3)(a)(i); 16(3)(a)(ii)(bb)
Second amendment National Treasury Instruction No. 5 of 2020/21	Paragraph 1
Erratum National Treasury Instruction No. 5 of 2020/21	Paragraph 2
National Health Act 61 of 2003	Section 13
National Treasury instruction No 5 of 2020/21	Paragraph 4.8; 4.9 Paragraph 5.3

Legislation	Sections or regulations
National Treasury Instruction No. 1 of 2021/22	Paragraph 4.1
National Treasury Instruction No. 4 of 2015/16	Paragraph 3.4
National Treasury SCM Instruction No. 4A of 2016/17	Paragraph 6
National Treasury SCM Instruction No. 03 of 2021/22	Paragraph 4.1; 4.2(b); 4.3; 4.4(a); 4.17 Paragraph 7.2; 7.6
National Treasury SCM Instruction No. 11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a) Paragraph 3.3.1
Practice Note 5 of 2009/10	Paragraph 3.3
Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1 Section 2.1(a); 2.1(f)
Preferential Procurement Regulation, 2022	Regulation 4.1; 4.2; 4.3; 4.4 Regulation 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulation, 2017	Regulation 4.1; 4.2 Regulation 5.1; 5.3; 5.6; 5.7 Regulation 6.1; 6.2; 6.3; 6.6; 6.8 Regulation 7.1; 7.2; 7.3; 7.6; 7.8 Regulation 8.2; 8.5 Regulation 9.1 Regulation 10.1; 10.2 Regulation 11.1; 11.2
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
State Information Technology Agency Act 88 of 1998	Section 7(3)
Public Service Regulations, 2016	Regulation 25(1)(e)(i); 25(1)(e)(iii)

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Appropriation per programme										
Voted funds and Direct charges	Programme	2023/24					2022/23			
		Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	1 ADMINISTRATION	977 586	-	2 987	980 573	980 573	-	100.0%	1 110 842	1 086 215
	2 DISTRICT HEALTH SERVICES	12 178 279	-	-	12 178 279	12 155 573	22 706	99.8%	12 050 513	12 036 821
	3 EMERGENCY MEDICAL SERVICES	1 358 041	-	-	1 358 041	1 349 750	8 291	99.4%	1 303 037	1 302 918
	4 PROVINCIAL HOSPITAL SERVICES	4 853 964	-	(15 613)	4 838 351	4 801 042	37 309	99.2%	4 506 521	4 506 521
	5 CENTRAL HOSPITAL SERVICES	8 137 298	-	12 626	8 149 924	8 149 924	-	100.0%	7 932 824	7 927 831
	6 HEALTH SCIENCES AND TRAINING	419 746	-	-	419 746	418 753	993	99.8%	412 895	383 735
	7 HEALTH CARE SUPPORT SERVICES	641 607	-	-	641 607	618 626	22 981	96.4%	585 229	527 713
	8 HEALTH FACILITIES MANAGEMENT	1 169 467	-	-	1 169 467	1 169 466	1	100.0%	1 193 172	1 115 356
	TOTAL	29 735 988	-	-	29 735 988	29 643 707	92 281	99.7%	29 095 033	28 887 110
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental receipts				52 314				52 286	
	NRF receipts				-				-	
	Aid assistance				21 225				13 520	
					29 809 527				29 160 839	
Actual amounts per Statement of Financial Performance (Total revenue)										
Add:										
	Aid assistance					9 385				13 575
	Prior year unauthorised expenditure approved without funding					-				-
						29 653 092				28 900 685
Actual amounts per Statement of Financial Performance (Total expenditure)										

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Appropriation per economic classification									
	2023/24						2022/23		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	26 979 862	-	(4 958)	26 974 904	26 959 956	14 948	99.9%	26 214 548	26 183 625
Compensation of employees	17 340 851	-	(17 372)	17 323 479	17 204 010	119 469	99.3%	16 956 906	16 720 431
Goods and services	9 639 011	-	12 414	9 651 425	9 755 946	(104 521)	101.1%	9 257 642	9 463 194
Transfers and subsidies	1 622 651	-	(4 233)	1 618 418	1 540 479	77 939	95.2%	1 683 286	1 581 576
Provinces and municipalities	627 084	-	-	627 084	600 852	26 232	95.8%	659 104	630 008
Departmental agencies and accounts	7 897	-	-	7 897	7 788	109	98.6%	7 513	7 368
Non-profit institutions	726 185	-	-	726 185	709 656	16 529	97.7%	706 778	678 860
Households	261 485	-	(4 233)	257 252	222 183	35 069	86.4%	309 891	265 340
Payments for capital assets	1 133 475	-	-	1 133 475	1 134 081	(606)	100.1%	1 188 223	1 112 933
Buildings and other fixed structures	488 450	-	-	488 450	456 096	32 354	93.4%	327 078	236 662
Machinery and equipment	643 924	-	-	643 924	676 162	(32 238)	105.0%	847 874	870 855
Software and other intangible assets	1 101	-	-	1 101	1 823	(722)	165.6%	13 271	5 416
Payment for financial assets	-	-	9 191	9 191	9 191	-	100.0%	8 976	8 976
	29 735 988	-	-	29 735 988	29 643 707	92 281	99.7%	29 095 033	28 887 110

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 1: ADMINISTRATION

	2023/24						2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 OFFICE OF THE MEC	9 788	-	-	9 788	9 321	467	95.2%	9 301
2 MANAGEMENT	967 798	-	2 987	970 785	971 252	(467)	100.0%	1 101 541
	977 586	-	2 987	980 573	980 573	-	100.0%	1 110 842
								1 086 215
Economic classification								
Current payments	815 600	-	-	815 600	826 487	(10 887)	101.3%	890 183
Compensation of employees	457 066	-	-	457 066	425 671	31 395	93.1%	427 291
Goods and services	358 534	-	-	358 534	400 816	(42 282)	111.8%	462 892
Transfers and subsidies	148 575	-	-	148 575	129 675	18 900	87.3%	191 176
Departmental agencies and accounts	651	-	-	651	547	104	84.0%	619
Households	147 924	-	-	147 924	129 128	18 796	87.3%	190 557
Payments for capital assets	13 411	-	2 817	16 228	24 241	(8 013)	149.4%	29 483
Machinery and equipment	13 411	-	2 817	16 228	24 083	(7 855)	148.4%	29 483
Software and other intangible assets	-	-	-	-	158	(158)	-	-
Payment for financial assets	-	-	170	170	170	-	100.0%	-
	977 586	-	2 987	980 573	980 573	-	100.0%	1 110 842
								1 086 215

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 2: DISTRICT HEALTH SERVICES

	2023/24					2022/23		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 DISTRICT MANAGEMENT	492 259	-	-	492 259	442 161	50 098	89.8%	445 992
2 COMMUNITY HEALTH CLINICS	1 737 738	-	23	1 737 761	1 741 102	(3 341)	100.2%	1 618 980
3 COMMUNITY HEALTH CENTRES	2 992 601	-	(541)	2 992 060	2 919 357	72 703	97.6%	2 765 384
4 COMMUNITY BASED SERVICES	481 153	-	-	481 153	476 571	4 582	99.0%	480 410
5 OTHER COMMUNITY SERVICES	1	-	-	1	-	1	-	198 475
6 HIV/AIDS	1 856 320	-	-	1 856 320	1 857 026	(706)	100.0%	1 944 318
7 NUTRITION	60 265	-	-	60 265	71 448	(11 183)	118.6%	60 652
8 CORONER SERVICES	1	-	-	1	-	1	-	1
9 DISTRICT HOSPITALS	4 557 940	-	518	4 558 458	4 647 908	(89 450)	102.0%	4 536 300
10 GLOBAL FUND	1	-	-	1	-	1	-	1
	12 178 279	-	-	12 178 279	12 155 573	22 706	99.8%	12 050 513
								12 036 821
Economic classification								
Current payments	10 793 357	-	(1 221)	10 792 136	10 833 471	(41 335)	100.4%	10 613 417
Compensation of employees	6 614 204	-	(1 221)	6 612 983	6 570 630	42 353	99.4%	6 627 940
Goods and services	4 179 153	-	-	4 179 153	4 262 841	(83 688)	102.0%	3 985 477
Transfers and subsidies	1 247 491	-	-	1 247 491	1 201 933	45 558	96.3%	1 305 875
Provinces and municipalities	627 066	-	-	627 066	600 838	26 228	95.8%	659 086
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	598 189	-	-	598 189	581 737	16 452	97.2%	623 502
Households	22 236	-	-	22 236	19 358	2 878	87.1%	23 287
Payments for capital assets	137 431	-	-	137 431	118 948	18 483	86.6%	130 187
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	137 377	-	-	137 377	118 907	18 470	86.6%	122 187
Software and other intangible assets	54	-	-	54	41	13	75.9%	8 000
Payment for financial assets	-	-	1 221	1 221	1 221	-	100.0%	1 034
	12 178 279	-	-	12 178 279	12 155 573	22 706	99.8%	12 050 513
								12 036 821

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 3: EMERGENCY MEDICAL SERVICES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY TRANSPORT	1 240 830	-	-	1 240 830	1 232 653	8 177	99.3%	1 190 479	1 188 752
2 PLANNED PATIENT TRANSPORT	117 211	-	-	117 211	117 097	114	99.9%	112 558	114 166
	1 358 041	-	-	1 358 041	1 349 750	8 291	99.4%	1 303 037	1 302 918
Economic classification									
Current payments	1 238 687	-	(1 565)	1 237 122	1 206 285	30 837	97.5%	1 183 417	1 175 083
Compensation of employees	827 349	-	(1 565)	825 784	820 394	5 390	99.3%	789 158	793 815
Goods and services	411 338	-	-	411 338	385 891	25 447	93.8%	394 259	381 268
Transfers and subsidies	961	-	-	961	1 923	(962)	200.1%	915	1 250
Provinces and municipalities	18	-	-	18	14	4	77.8%	18	13
Households	943	-	-	943	1 909	(966)	202.4%	897	1 237
Payments for capital assets	118 393	-	-	118 393	139 977	(21 584)	118.2%	117 199	125 079
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	118 393	-	-	118 393	139 977	(21 584)	118.2%	117 199	125 079
Payment for financial assets	-	-	1 565	1 565	1 565	-	100.0%	1 506	1 506
	1 358 041	-	-	1 358 041	1 349 750	8 291	99.4%	1 303 037	1 302 918

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2023/24					2022/23		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 GENERAL (REGIONAL) HOSPITALS	2 623 945	-	(2 817)	2 621 128	2 605 159	15 969	99.4%	2 551 854
2 TUBERCULOSIS HOSPITALS	404 149	-	113	404 262	415 943	(11 681)	102.9%	388 258
3 PSYCHIATRIC/MENTAL HOSPITALS	1 156 787	-	123	1 156 910	1 158 295	(1 385)	100.1%	1 095 225
4 SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS	459 789	-	(13 032)	446 757	422 475	24 282	94.6%	264 891
5 DENTAL TRAINING HOSPITALS	209 294	-	-	209 294	199 170	10 124	95.2%	206 293
	4 853 964	-	(15 613)	4 838 351	4 801 042	37 309	99.2%	4 506 521
Economic classification								
Current payments	4 736 901	-	(13 281)	4 723 620	4 705 531	18 089	99.6%	4 430 762
Compensation of employees	3 402 511	-	(13 069)	3 389 442	3 384 411	5 031	99.9%	3 212 437
Goods and services	1 334 390	-	(212)	1 334 178	1 321 120	13 058	99.0%	1 218 325
Transfers and subsidies	65 951	-	-	65 951	60 496	5 455	91.7%	21 440
Non-profit institutions	47 490	-	-	47 490	47 413	77	99.8%	3 850
Households	18 461	-	-	18 461	13 083	5 378	70.9%	17 590
Payments for capital assets	51 112	-	(2 817)	48 295	34 530	13 765	71.5%	53 989
Machinery and equipment	51 112	-	(2 817)	48 295	34 516	13 779	71.5%	53 989
Software and other intangible assets	-	-	-	-	14	(14)	-	-
Payment for financial assets	-	-	485	485	485	-	100.0%	330
	4 853 964	-	(15 613)	4 838 351	4 801 042	37 309	99.2%	4 506 521
								4 506 521
								4 442 446
								3 189 650
								1 252 796
								13 848
								3 674
								10 174
								49 897
								49 610
								287
								330

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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for the year ended 31 March 2024

Programme 5: CENTRAL HOSPITAL SERVICES

2023/24										2022/23	
Adjusted Budget		Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure		
R'000		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		
7 115 283		-	13 094	7 128 377	7 141 653	(13 276)	100.2%	6 924 339	6 930 659		
1 022 015		-	(468)	1 021 547	1 008 271	13 276	98.7%	1 008 485	997 172		
8 137 298		-	12 626	8 149 924	8 149 924	-	100.0%	7 932 824	7 927 831		
Economic classification											
Current payments											
Compensation of employees											
Goods and services											
Transfers and subsidies											
Non-profit institutions											
Households											
Payments for capital assets											
Machinery and equipment											
Software and other intangible assets											
Payment for financial assets											
8 055 792		-	12 140	8 067 932	8 074 017	(6 085)	100.1%	7 831 262	7 856 955		
5 368 384		-	(486)	5 367 898	5 354 745	13 153	99.8%	5 277 339	5 205 194		
2 687 408		-	12 626	2 700 034	2 719 272	(19 238)	100.7%	2 553 923	2 651 761		
39 056		-	-	39 056	33 814	5 242	86.6%	37 426	32 848		
15 506		-	-	15 506	15 506	-	100.0%	14 754	14 754		
23 550		-	-	23 550	18 308	5 242	77.7%	22 672	18 094		
42 450		-	-	42 450	41 607	843	98.0%	63 329	37 221		
41 403		-	-	41 403	40 560	843	98.0%	58 058	33 031		
1 047		-	-	1 047	1 047	-	100.0%	5 271	4 190		
-		-	486	486	486	-	100.0%	807	807		
8 137 298		-	12 626	8 149 924	8 149 924	-	100.0%	7 932 824	7 927 831		

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 6: HEALTH SCIENCES AND TRAINING

	2023/24						2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 NURSE TRAINING COLLEGE	113 480	-	12	113 492	118 980	(5 488)	104.8%	95 666
2 EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE	35 505	-	(12)	35 493	33 945	1 548	95.6%	34 415
3 BURSARIES	65 261	-	-	65 261	61 287	3 974	93.9%	69 027
4 PRIMARY HEALTH CARE (PHC) TRAINING	1	-	-	1	-	1	-	1
5 TRAINING (OTHER)	205 499	-	-	205 499	204 541	958	99.5%	213 786
	419 746	-	-	419 746	418 753	993	99.8%	412 895
								383 735
Economic classification								
Current payments	296 018	-	(12)	296 006	297 234	(1 228)	100.4%	274 779
Compensation of employees	193 025	-	(12)	193 013	190 592	2 421	98.7%	190 609
Goods and services	102 993	-	-	102 993	106 642	(3 649)	103.5%	84 170
Transfers and subsidies	119 659	-	(4 233)	115 426	111 790	3 636	96.8%	125 580
Departmental agencies and accounts	7 246	-	-	7 246	7 241	5	99.9%	6 894
Non-profit institutions	65 000	-	-	65 000	65 000	-	100.0%	64 672
Households	47 413	-	(4 233)	43 180	39 549	3 631	91.6%	54 014
Payments for capital assets	4 069	-	-	4 069	5 484	(1 415)	134.8%	8 683
Machinery and equipment	4 069	-	-	4 069	5 484	(1 415)	134.8%	8 683
Payment for financial assets	-	-	4 245	4 245	4 245	-	100.0%	3 853
	419 746	-	-	419 746	418 753	993	99.8%	412 895
								383 735

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 7: HEALTH CARE SUPPORT SERVICES

	2023/24						2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 LAUNDRY SERVICES	126 890	-	19	126 909	127 506	(597)	100.5%	130 308
2 ENGINEERING SERVICES	136 508	-	(19)	136 489	130 446	6 043	95.6%	125 425
3 FORENSIC SERVICES	274 330	-	-	274 330	265 836	8 494	96.9%	248 825
4 ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1
5 CAPE MEDICAL DEPOT	83 690	-	-	83 690	77 788	5 902	92.9%	80 670
6 HEALTH WAREHOUSE	20 188	-	-	20 188	17 050	3 138	84.5%	-
	641 607	-	-	641 607	618 626	22 981	96.4%	585 229
								527 713
Economic classification								
Current payments	605 813	-	(1 019)	604 794	578 103	26 691	95.6%	557 877
Compensation of employees	397 512	-	(1 019)	396 493	380 715	15 778	96.0%	371 218
Goods and services	208 301	-	-	208 301	197 388	10 913	94.8%	186 659
Transfers and subsidies	917	-	-	917	685	232	74.7%	874
Households	917	-	-	917	685	232	74.7%	874
Payments for capital assets	34 877	-	-	34 877	38 819	(3 942)	111.3%	25 032
Machinery and equipment	34 877	-	-	34 877	38 819	(3 942)	111.3%	25 032
Software and other intangible assets	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	1 019	1 019	1 019	-	100.0%	1 446
	641 607	-	-	641 607	618 626	22 981	96.4%	585 229
								527 713

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 8: HEALTH FACILITIES MANAGEMENT

	2023/24					2022/23		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 COMMUNITY HEALTH FACILITIES	151 125	-	-	151 125	155 058	(3 933)	102.6%	156 618
2 EMERGENCY MEDICAL RESCUE SERVICES	35 818	-	-	35 818	25 114	10 704	70.1%	55 888
3 DISTRICT HOSPITAL SERVICES	193 041	-	-	193 041	200 639	(7 598)	103.9%	137 082
4 PROVINCIAL HOSPITAL SERVICES	156 645	-	-	156 645	186 292	(29 647)	118.9%	144 491
5 CENTRAL HOSPITAL SERVICES	435 098	-	-	435 098	396 470	38 628	91.1%	477 624
6 OTHER FACILITIES	197 740	-	-	197 740	205 893	(8 153)	104.1%	221 469
	1 169 467	-	-	1 169 467	1 169 466	1	100.0%	1 193 172
								1 115 356
Economic classification								
Current payments	437 694	-	-	437 694	438 828	(1 134)	100.3%	432 851
Compensation of employees	80 800	-	-	80 800	76 852	3 948	95.1%	60 914
Goods and services	356 894	-	-	356 894	361 976	(5 082)	101.4%	371 937
Transfers and subsidies	41	-	-	41	163	(122)	397.6%	-
Households	41	-	-	41	163	(122)	397.6%	-
Payments for capital assets	731 732	-	-	731 732	730 475	1 257	99.8%	760 321
Buildings and other fixed structures	488 450	-	-	488 450	456 096	32 354	93.4%	327 078
Machinery and equipment	243 282	-	-	243 282	273 816	(30 534)	112.6%	433 243
Software and other intangible assets	-	-	-	-	563	(563)	-	-
	1 169 467	-	-	1 169 467	1 169 466	1	100.0%	1 193 172
								1 115 356

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

1. Detail of transfers and subsidies as per Appropriation Act (after Virement)

Detail of these transactions can be viewed in the note on Transfers and Subsidies, and Annexure 1A-D of the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement)

Detail of these transactions can be viewed in the note on Annual Appropriation to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per programme

Per programme:	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
ADMINISTRATION	980 573	980 573	-	0.0%
This programme is within budget after the application of virements.				
DISTRICT HEALTH SERVICES	12 178 279	12 155 573	22 706	0.2%
This programme's level of under-spending is within acceptable norms.				
EMERGENCY MEDICAL SERVICES	1 358 041	1 349 750	8 291	0.6%
This programme's level of under-spending is within acceptable norms.				
PROVINCIAL HOSPITAL SERVICES	4 838 351	4 801 042	37 309	0.8%
This programme's level of under-spending is within acceptable norms.				
CENTRAL HOSPITAL SERVICES	8 149 924	8 149 924	-	0.0%
This programme is within budget after the application of virements.				

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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

HEALTH SCIENCES AND TRAINING	419 746	418 753	993	0.2%
This programme's level of under-spending is within acceptable norms.				

HEALTH CARE SUPPORT SERVICES	641 607	618 626	22 981	3.6%
The under-spending can mainly be attributed to:				
Compensation of Employees: - Delayed appointments on vacant positions in the Sub programme Engineering. - Implementation of DPSA circular 49 of 2023 and subsequently the FA32/2023 which contributed significantly to the delay in filling of posts in Sub programmes Forensic Services and Cape Medical Depot . Most of posts are on the establishment of the newly constructed Forensic Observatory Pathology Institute which became 80 % operational, late during the 2023/24 financial year.				
Goods and Services: - Reduction in various items, e.g. requirement in Hardware, Electrical Spares at East and West Metro Maintenance Hub and Goodwood Engineering Workshop in item maintenance and repairs at Bellville and Goodwood in the Sub programme Engineering. - Saving in item medical supplies in Sub programme Cape Medical Depot due to tight control of sundries for the operations in the depot.				

HEALTH FACILITIES MANAGEMENT	1 169 467	1 169 466	1	0.0%
This programme's level of under-spending is within acceptable norms.				

4.2 Per economic classification

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Per economic classification:				
Current expenditure				
Compensation of employees	17 323 479	17 204 010	119 469	0.7%
Goods and services	9 651 425	9 755 946	(104 521)	(1.1%)
Transfers and subsidies				
Provinces and municipalities	627 084	600 852	26 232	4.2%
Departmental agencies and accounts	7 897	7 788	109	1.4%
Non-profit institutions	726 185	709 656	16 529	2.3%
Households	257 252	222 183	35 069	13.6%
Payments for capital assets				
Buildings and other fixed structures	488 450	456 096	32 354	6.6%
Machinery and equipment	643 924	676 162	(32 238)	(5.0%)
Software and other intangible assets	1 101	1 823	(722)	(65.6%)
Payments for financial assets	9 191	9 191	-	-

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

The variance between the total budget and expenditure of R92.281m is equivalent to 0.3% of the Department's budget, which is within the acceptable norm of 2 per cent.

Economic classification variances not covered in the programmes above are as follows:

Current Payments:

• **Compensation of Employees and Goods and services:**

- These economic classifications' level of under spending are within acceptable norms.

Transfers and subsidies:

Under-spending can mainly be attributed to:

• **Municipalities, explained as follows:**

- The Anti-retroviral (ARV) allocation of the City of Cape Town (CCT) underspent due to the current budget for ARV meds being primarily based on a fixed Remaining in Care (RIC) target. It has been identified that this has historically led to an over allocation of this budget. The Department has improved on its allocation approach for the 2024/25 financial year.
- Additionally, there was a national policy change in August 2023, transitioning patients from protease inhibitor to dolutegravir regimens, which are more cost-effective. This change was not factored into our initial budget, resulting in further savings.

• **Non-Profit Institutions (NPI), explained as follows:**

- HIV Testing Services (HTS) & High Transmission Areas (HTA) Programme: Savings due to delays in appointment of Lay Counsellors as well as the adoption of the Community Oriented Primary Care (COPC) approach based on the employment of Community Health Workers (CHWs).
- Outreach Team Leaders (OTLs): savings due to vacancies, Non Profit Organisations (NPOs) struggling to appoint Professional Nurses (especially in extreme rural areas).
- Voluntary Medical Male Circumcision (VMMC): savings due to RT-35 contracting delay, contract ended August 2023 and signing of Transfer Payment Agreements (TPAs) within the Districts only commenced in February/March 2024.

• **Households, explained as follows:**

- Lower than expected pay-outs in respect of medico-legal claims due to the long time horizon of finalising these legal matters.
- Saving on social benefits due to lower than anticipated leave gratuities pay-outs.

Payments for capital assets:

• **Building and other fixed structures**

- Saving can mainly be attributed to the slow project progress with the Capital (Buildings) portfolio.
- Over-spending can mainly be attributed to:

• **Machinery and Equipment:**

- Higher than expected daily tariffs to lease vehicles from Government Motor Transport (GMT).
- Due to the nature of Emergency Medical Services (EMS), EMS are obligated to ensure that aged vehicles are replaced to provide an effective and efficient service to the public and minimize the chances of a breakdown. The Government Motor Transport Department has embarked on a program to replace aged vehicles within Emergency Medical Services. In the last three financial years 289 vehicles have been replaced resulting in an increase of approximately 25% on the daily tariff for new vehicles.
- Programme 8 - Health Facilities Management - to mitigate the risk of under expenditure, the programme has allowed for the receipt of additional Machinery and Equipment related to the commissioning of high value medical equipment as this is considered to be Health Technology in nature.

• **Software and other intangible assets:**

- Mainly in programme 8 - Health Facilities Management - for the upgrade of the HERMES Data Processing, Archiving and Display System for the use by the Western Cape Provincial Government, Department of Health and Wellness, to provide nuclear medicine services at Tygerberg hospital (TBH), Groote Schuur hospital (GSH) and Red Cross War Memorial Children's hospital (RXH) as a common platform effective 1 February 2020 until 31 January 2026.

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

4.3 Per conditional grant

Per conditional grant	Final Budget	Actual	Variance	Variance as a
	R'000	Expenditure R'000	R'000	% of Final Budget
National Tertiary Services Grant	3 332 007	3 332 007	-	0.0%
Human Resources & Training Grant of which	887 123	887 123	-	0.0%
Statutory Human Resources Component	369 008	369 008	-	0.0%
Training Component	518 115	518 115	-	0.0%
District Health Programmes Grant of which	1 982 629	1 982 629	-	0.0%
District Health Component	217 764	217 764	-	0.0%
Comprehensive HIV/AIDS Component	1 764 865	1 764 865	-	0.0%
Health Facility Revitalisation Grant	843 165	843 165	-	0.0%
National Health Insurance Grant	36 225	36 225	-	0.0%
Expanded Public Works Programme Integrated Grant for Provinces	1 945	1 945	-	0.0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	8 730	8 730	-	0.0%

All Conditional Grants was spent in full.

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**STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2024**

	Note	2023/24 R'000	2022/23 R'000
REVENUE			
Annual appropriation	1	29 735 988	29 095 033
Departmental revenue	2	52 314	52 286
Aid assistance		21 225	13 520
TOTAL REVENUE		29 809 527	29 160 839
EXPENDITURE			
Current expenditure		26 967 970	26 191 962
Compensation of employees	4	17 204 010	16 720 431
Goods and services	5	9 755 946	9 463 194
Aid assistance	3	8 014	8 337
Transfers and subsidies		1 541 729	1 586 674
Transfers and subsidies	7	1 540 479	1 581 576
Aid assistance	3	1 250	5 098
Expenditure for capital assets		1 134 202	1 113 073
Tangible assets	8	1 132 379	1 107 657
Intangible assets	8	1 823	5 416
Payments for financial assets	6	9 191	8 976
TOTAL EXPENDITURE		29 653 092	28 900 685
SURPLUS FOR THE YEAR		156 435	260 154
Reconciliation of Net Surplus for the year			
Voted funds		92 281	207 923
Annual appropriation		92 281	193 469
Conditional grants		-	14 454
Departmental revenue and NRF receipts	13	52 314	52 286
Aid assistance	3	11 840	(55)
SURPLUS FOR THE YEAR		156 435	260 154

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**STATEMENT OF FINANCIAL POSITION
as at 31 March 2024**

	Note	2023/24 R'000	2022/23 R'000
ASSETS			
Current assets		213 571	155 832
Cash and cash equivalents	9	-	13 760
Prepayments and advances	10	2 115	4 449
Receivables	11	45 530	43 454
Voted funds to be received from the Revenue Fund	12	58 182	-
Departmental revenue and NRF Receipts to be received from the Revenue Fund	13	107 744	89 105
Aid assistance receivable	3	-	5 064
Non-current assets		-	737
Receivables	11	-	737
TOTAL ASSETS		213 571	156 569
LIABILITIES			
Current liabilities		46 314	144 768
Voted funds to be surrendered to the Revenue Fund	12	-	29 567
Bank overdraft	14	15 205	-
Payables	15	24 104	114 972
Aid assistance unutilised	4	7 005	229
TOTAL LIABILITIES		46 314	144 768
NET ASSETS		167 257	11 801
		2023/24 R'000	2022/23 R'000
Represented by:			
Recoverable revenue		167 257	11 801
TOTAL		167 257	11 801

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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STATEMENT OF CHANGES IN NET ASSETS
as at 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
Recoverable revenue			
Opening balance		11 801	9 614
Transfers:		155 456	2 187
Irrecoverable amounts written off	6.2	(6 214)	(5 639)
Debts revised		617	(65)
Debts recovered (included in departmental revenue)		(207)	872
Debts raised		161 260	7 019
Closing balance		167 257	11 801
TOTAL		167 257	11 801

Debts raised of R158 401 000 due to the Department surrendering more funds to The Provincial Treasury in 2022/23 and 2021/22 financial years as a result of understatement of expenditure in those financial years.

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**CASH FLOW STATEMENT
for the year ended 31 March 2024**

	Note	2023/24 R'000	2022/23 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		30 256 145	29 558 092
Annual appropriation funds received	1.1	29 735 988	29 095 033
Departmental revenue received	2	496 673	447 804
Interest received	2.2	2 259	1 735
Aid assistance received	3	21 225	13 520
Net (increase) in net working capital		(90 610)	(182 326)
Surrendered to Revenue Fund		(699 358)	(839 663)
Current payments		(26 967 970)	(26 191 961)
Payments for financial assets		(9 191)	(8 976)
Transfers and subsidies paid		(1 541 729)	(1 586 674)
Net cash flow available from operating activities	16	947 287	748 492
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(1 134 202)	(1 113 073)
Proceeds from sale of capital assets	2.3	1 757	-
Decrease in non-current receivables	11	737	374
Net cash flow from investing activities		(1 131 708)	(1 112 699)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase in net assets		155 456	2 187
Net cash flows from financing activities		155 456	2 187
Net (decrease) in cash and cash equivalents		(28 965)	(362 020)
Cash and cash equivalents at beginning of period		13 760	375 780
Cash and cash equivalents at end of period	17	(15 205)	13 760

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1.	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2.	Going concern The financial statements have been prepared on a going concern basis.
3.	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4.	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5.	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6.	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

**WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

7.	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>Appropriated funds are measured at the amounts receivable.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Departmental revenue is measured at the cash amount received.</p> <p>In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and the amount of revenue can be measured reliably. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy.</p>
8.	Expenditure
8.1	Compensation of employees
8.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

8.2	<p>Other expenditure</p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p> <p>Donations made in-kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.</p>
8.3	<p>Accruals and payables not recognised</p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.</p>
8.4	<p>Leases</p>
8.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
8.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <p>cost, being the fair value of the asset; or</p> <p>the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</p>
9.	<p>Aid assistance</p>
9.1	<p>Aid assistance received</p> <p>Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.</p> <p>CARA Funds are recognised when receivable and measured at the amounts receivable.</p> <p>Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
9.2	<p>Aid assistance paid</p> <p>Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

10.	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
11.	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p>Prepayments and advances are recognised in the Statement of Financial Performance if the amount paid is material and budgeted for, as an expense in the year in which the actual prepayment or advance was made.</p>
12.	<p>Loans and receivables</p> <p>Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
13.	<p>Investments</p> <p>Investments are recognised in the statement of financial position at cost.</p>
14.	<p>Financial assets</p>
14.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
14.2	<p>Impairment of financial assets</p> <p>Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
15.	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>

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16.	Capital assets
16.1	<p>Immovable capital assets</p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
16.2	<p>Movable capital assets</p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.3	<p>Intangible capital assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>

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16.4	<p>Project costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
17.	Provisions and contingents
17.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
17.3	<p>Contingent assets</p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
17.4	<p>Capital commitments</p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>
18.	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. <p>Unauthorised expenditure recorded in the notes to the financial statements comprise of</p> <ul style="list-style-type: none"> • unauthorised expenditure that was under assessment in the previous financial year; • unauthorised expenditure relating to previous financial year and identified in the current year; and • Unauthorised expenditure incurred in the current year.

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19.	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of:</p> <ul style="list-style-type: none"> • fruitless and wasteful expenditure that was under assessment in the previous financial year; • fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and • fruitless and wasteful expenditure incurred in the current year.
20.	<p>Irregular expenditure</p> <p>Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.</p> <p>Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of:</p> <ul style="list-style-type: none"> • irregular expenditure that was under assessment in the previous financial year; • irregular expenditure relating to previous financial year and identified in the current year; and • irregular expenditure incurred in the current year.
21.	<p>Changes in accounting policies, estimates and errors</p> <p>Changes in accounting policies are applied in accordance with MCS requirements.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
22.	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>

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23.	<p>Principal-Agent arrangements</p> <p>The Department of Health and Wellness is party to a principal-agent arrangement and uses the Department of Infrastructure as an implementing agent. The Department of Infrastructure publishes and awards tenders and monitor the construction of infrastructure as required by the Department of Health and Wellness in terms of a service level agreement. The Department of Infrastructure sign the contracts with the contractors for Department of Health and Wellness's projects. The Department of Infrastructure is not reimbursement for this function by the Department of Health and Wellness. Invoices for completed capital works and maintenance are issued by the relevant service provider and addressed to the Department of Infrastructure for payment. The expense and the assets for capital work-in-progress are reflected in the financial statements of the Department of Health and Wellness. Once the projects are completed, it is transferred to the Department of Infrastructure in terms of section 42 of the PFMA for disclosure in their financial statements.</p>
24.	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed, and the related funds are received.</p>
25.	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
26.	<p>Related party transactions</p> <p>Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>The full compensation of key management personnel is recorded in the notes to the financial statements.</p>
27.	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note.</p> <p>Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date.</p> <p>The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>

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1. Annual Appropriation

1.1. Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2023/24		2022/23	
	Final Budget	Actual Funds Received	Final Budget	Appropriation Received
Programmes	R'000	R'000	R'000	R'000
Administration	980 573	980 573	1 110 842	1 110 842
District health Services	12 178 279	12 178 279	12 050 513	12 050 513
Emergency Medical services	1 358 041	1 358 041	1 303 037	1 303 037
Provincial Hospital Services	4 838 351	4 838 351	4 506 521	4 506 521
Central Hospital Services	8 149 924	8 149 924	7 932 824	7 932 824
Health Sciences and Training	419 746	419 746	412 895	412 895
Health Care Support	641 607	641 607	585 229	585 229
Health Facility Management	1 169 467	1 169 467	1 193 172	1 193 172
Total	29 735 988	29 735 988	29 095 033	29 095 033

1.2. Conditional grants

	Note	2023/24 R'000	2022/23 R'000
Total grants received	32	7 091 824	7 469 244
Provincial grants included in total grants received		7 091 824	7 469 244

2. Departmental revenue

	Note	2023/24 R'000	2022/23 R'000
Sales of goods and services other than capital assets	2.1	402 770	401 010
Interest, dividends and rent on land	2.2	2 259	1 735
Sales of capital assets	2.3	1 757	-
Transactions in financial assets and liabilities	2.4	76 115	29 541
Transfers received	2.5	17 788	17 253
Total revenue collected		500 689	449 539
Less: Own revenue included in appropriation	13	(448 375)	(397 253)
Total		52 314	52 286

Departmental Revenue as per Cash Flow Statement is made up as follows:

	2023/24 R'000	2022/23 R'000
Total revenue collected	500 689	449 539
Less: Interest, dividends, rent on land	(2 259)	(1 735)
Sales of capital assets	(1 757)	-
Departmental revenue received	496 673	447 804

Transactions in financial assets and liabilities for 2022/23 FY has been reduced by R118m due to amounts incorrectly recorded as revenue in that financial year.

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2.1. Sales of goods and services other than capital assets

	Note	2023/24 R'000	2022/23 R'000
Sales of goods and services produced by the department		401 866	398 245
Sales by market establishment		5 405	5 701
Administrative fees		12 272	10 833
Other sales		384 189	381 711
Sales of scrap, waste and other used current goods		904	2 765
Total	2	402 770	401 010

Other Sales

This revenue item is primarily comprised of Patient Fees, Services to State Departments (e.g. Department of Justice), Medical Aid Claims and Road Accident Fund Claims.

2.2. Interest, dividends and rent on land

	Note	2023/24 R'000	2022/23 R'000
Interest		2 259	1 735
Total	2	2 259	1 735

2.3. Sales of capital assets

	Note	2023/24 R'000	2022/23 R'000
Tangible capital assets			
Machinery and equipment		1 757	-
Total	2	1 757	-

2.4. Transactions in financial assets and liabilities

	Note	2023/24 R'000	2022/23 R'000
Receivables		20 235	25 744
Other receipts including Recoverable Revenue		55 880	3 797
Total	2	76 115	29 541

The increase in Other receipts including Recoverable Revenue relates to amounts received in the prior year(s) that could not be allocated in those years and was recognised as revenue in the current financial year.

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2.5. Transfers received

		2023/24	2022/23
	<i>Note</i>	R'000	R'000
Higher education institutions		17 188	16 817
Public corporations and private enterprises		600	436
Total	2	17 788	17 253

2.5.1. Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)

		2023/24	2022/23
	<i>Note</i>	R'000	R'000
Donations		26 566	95 205
Total gifts, donations and sponsorships received in kind	Annex 1E	26 566	95 205

See Annexure 1E for more details of Donations received in kind.

2.6. Cash received not recognised (not included in the main note)

	2023/24		
	Amount received	Amount paid to the revenue fund	Balance
Name of entity	R'000	R'000	R'000
Paarl Hospital	5	-	5
Total	5	-	5

	2022/23		
	Amount received	Amount paid to the revenue fund	Balance
Name of entity	R'000	R'000	R'000
Victoria Hospital	3	-	3
Paarl Hospital	2	-	2
Mowbray Maternity Hospital	4	-	4
Red Cross Hospital	3	-	3
Total	12	-	12

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3. Aid assistance

	2023/24 R'000	2022/23 R'000
Opening balance	(4 835)	(4 780)
Transferred from statement of financial performance	11 840	(55)
Closing balance	7 005	(4 835)

Transferred from Statement of Financial Performance is made up as follows:

	2023/24 R'000	2022/23 R'000
Donor Funding received during the year	21 225	13 520
Statement of Financial Performance (Current expenditure)	(8 014)	(8 337)
Capital Expenditure (Note 8.1)	(121)	(140)
Transfers made to Non Profit Organisations	(1 250)	(5 098)
Closing Balance	11 840	(55)

3.1. Analysis of balance by source

	2023/24 R'000	2022/23 R'000
Note		
Aid assistance from other sources	7 005	(4 835)
Closing balance	7 005	(4 835)

3.2. Analysis of balance

	2023/24 R'000	2022/23 R'000
Note		
Aid assistance receivable	-	(5 064)
Aid assistance unutilised	7 005	229
Closing balance	7 005	(4 835)
Aid assistance not requested/not received	-	6 845

3.3. Aid assistance expenditure per economic classification

	2023/24 R'000	2022/23 R'000
Note		
Current	8 014	8 337
Capital	121	140
Transfers and subsidies	1 250	5 098
Total aid assistance expenditure	9 385	13 575

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4. Compensation of employees

4.1. Salaries and Wages

	2023/24 R'000	2022/23 R'000
Basic salary	11 278 910	10 531 157
Performance award	1 151	1 899
Service based	11 868	11 615
Compensative/circumstantial	1 615 083	1 598 549
Periodic payments	22 649	21 875
Other non-pensionable allowances	2 129 227	2 602 149
Total	15 058 888	14 767 244

A cost-of-living adjustment as well as a non-pensionable monthly allowance for both Senior Manager Service and all other employer salary levels was the primary driver behind the increase in employee costs.

4.2. Social contributions

	2023/24 R'000	2022/23 R'000
Employer contributions		
Pension	1 293 370	1 179 702
Medical	849 175	770 806
Bargaining council	2 500	2 517
Insurance	77	162
Total	2 145 122	1 953 187
Total compensation of employees	17 204 010	16 720 431
 Average number of employees	 32 789	 35 616

Average number of employees is based on total number of employees at the end of each month per the PERSAL salary system.

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5. Goods and services

		2023/24	2022/23
	Note	R'000	R'000
Administrative fees		151	118
Advertising		23 223	33 923
Minor assets	5.1	26 316	34 786
Bursaries (employees)		18 499	11 966
Catering		5 986	5 188
Communication		48 456	51 560
Computer services	5.2	168 671	142 368
Consultants: Business and advisory services		130 990	128 777
Infrastructure and planning services		38 343	28 679
Laboratory services		959 163	1 010 382
Legal services		13 682	11 690
Contractors		665 488	626 945
Agency and support / outsourced services		674 571	693 135
Entertainment		104	112
Audit cost – external	5.3	23 420	20 799
Fleet services		227 707	237 788
Inventories	5.4	4 196 076	4 023 967
Consumables	5.5	698 151	768 237
Operating leases		24 496	21 183
Property payments	5.6	1 637 831	1 455 853
Rental and hiring		33 252	32 695
Transport provided as part of the departmental activities		1 138	1 555
Travel and subsistence	5.7	37 713	34 036
Venues and facilities		1 035	2 306
Training and development		54 617	51 568
Other operating expenditure	5.8	46 867	33 578
Total		9 755 946	9 463 194

Bursaries (employees):

Expenditure on bursaries for employees increased due to an increase in HEI cost of the qualifications as well as the number of nurses that went on Study by Assignment. Since COVID there was a change in qualifications and the courses were only accredited at the beginning of 2023.

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5.1. Minor assets

	Note	2023/24 R'000	2022/23 R'000
Tangible capital assets		26 316	34 537
Machinery and equipment		26 316	34 537
Intangible capital assets		-	249
Software		-	249
Total	5	26 316	34 786

5.2. Computer services

	Note	2023/24 R'000	2022/23 R'000
SITA computer services		18 900	22 121
External computer service providers		149 771	120 247
Total	5	168 671	142 368

5.3. Audit cost - external

	Note	2023/24 R'000	2022/23 R'000
Regularity audits		23 058	20 799
Investigations		362	-
Total	5	23 420	20 799

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5.4. Inventories

	Note	2023/24 R'000	2022/23 R'000
Food and food supplies		76 614	75 180
Medical supplies		2 176 936	2 157 758
Medicine		1 928 566	1 775 075
Laboratory supplies		13 960	15 954
Total	5	4 196 076	4 023 967

Increase in inventory due to increases in the price of medical goods.

Prior period Correction (Refer to Note 31):

Expenditure on Inventories were reduced by R27 893 000 due to expenditure incurred in 2021/22 FY that was incorrectly expensed in 2022/23 FY.

	R'000
Expenditure incorrectly paid against suspense accounts during 2022/23 financial year (FY)	29 623
Expenditure incurred in 2021/22 FY and incorrectly expensed in 2022/23 FY	(57 516)
Total decrease in Inventories	27 893

5.5. Consumables

	Note	2023/24 R'000	2022/23 R'000
Consumable supplies		593 568	646 397
Uniform and clothing		78 207	81 254
Household supplies		347 078	333 582
Building material and supplies		83 232	86 357
Communication accessories		663	794
IT consumables		1 645	1 428
Other consumables		82 743	142 982
Stationery, printing and office supplies		104 583	121 840
Total	5	698 151	768 237

5.6. Property payments

	Note	2023/24 R'000	2022/23 R'000
Municipal services		524 727	426 364
Property management fees		737 739	678 685
Property maintenance and repairs		375 365	350 804
Total	5	1 637 831	1 455 853

Property management fees increased due annual statutory increases in security related costs.

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5.7. Travel and subsistence

	Note	2023/24 R'000	2022/23 R'000
Local		36 781	33 895
Foreign		932	141
Total	5	37 713	34 036

<u>Local – Travel and Subsistence</u>	<u>2023/24</u>	<u>2022/23</u>
Accommodation	15 498	13 528
Air Transport	2 424	2 302
Road & Rail Transport	11 315	12 807
Subsistence	7 544	5 258
	36 781	33 895

Travel required for the performance of various officials' duties outside of their normal place of work.

5.8. Other operating expenditure

	Note	2023/24 R'000	2022/23 R'000
Professional bodies, membership and subscription fees		3 082	2 489
Resettlement costs		3 040	3 236
Other		40 745	27 853
Total	5	46 867	33 578

Other

Relates mainly to courier charges in respect of the distribution of pharmaceuticals by the Cape Medical Depot as well as the Chronic Dispensing Unit.

6. Payments for financial assets

	Note	2023/24 R'000	2022/23 R'000
Material losses through criminal conduct		-	22
Theft	6.3	-	22
Other material losses written off	6.1	2 977	3 315
Debts written off	6.2	6 214	5 639
Total		9 191	8 976

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6.1. Other material losses written off

		2023/24	2022/23
Nature of losses	<i>Note</i>	R'000	R'000
Government vehicle damages & losses		1 995	1 997
Stock losses (CMD & HIV AIDS)		982	1 318
Total	6	2 977	3 315

6.2. Debts written off

		2023/24	2022/23
Nature of debts written off	<i>Note</i>	R'000	R'000
Other debt written off			
Salary overpayments		1 558	1 515
Medical bursaries		4 234	3 852
Tax		168	126
Interest		4	1
Supplier debt		83	12
Other minor incidents		167	133
Total debt written off	6	6 214	5 639

6.3. Details of theft

		2023/24	2022/23
Nature of theft	<i>Note</i>	R'000	R'000
Laptop		-	22
Total	6	-	22

7. Transfers and subsidies

		2023/24	2022/23
	<i>Note</i>	R'000	R'000
Provinces and municipalities	33	600 852	630 008
Departmental agencies and accounts	Annex 1B	7 788	7 368
Non-profit institutions	Annex 1C	709 656	678 860
Households	Annex 1D	222 183	265 340
Total		1 540 479	1 581 576

7.1. Gifts, donations and sponsorships made in kind (not included in the main note)

		2023/24	2022/23
	<i>Note</i>	R'000	R'000
Donations		783	774
Total	Annex 1G	783	774

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8. Expenditure for capital assets

	2023/24 R'000	2022/23 R'000
Tangible capital assets	1 132 379	1 107 657
Buildings and other fixed structures	456 096	236 662
Machinery and equipment	676 283	870 995
Intangible capital assets	1 823	5 416
Software	1 823	5 416
Total	1 134 202	1 113 073

8.1. Analysis of funds utilised to acquire capital assets - Current year

	2023/24		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible capital assets	1 132 258	121	1 132 379
Buildings and other fixed structures	456 096	-	456 096
Machinery and equipment	676 162	121	676 283
Intangible capital assets	1 823	-	1 823
Software	1 823	-	1 823
Total	1 134 081	121	1 134 202

8.2. Analysis of funds utilised to acquire capital assets - Prior year

	2022/23		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible capital assets	1 107 517	140	1 107 657
Buildings and other fixed structures	236 662	-	236 662
Machinery and equipment	870 855	140	870 995
Intangible capital assets	5 416	-	5 416
Software	5 416	-	5 416
Total	1 112 933	140	1 113 073

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8.3. Finance lease expenditure included in Expenditure for capital assets

	2023/24 R'000	2022/23 R'000
Tangible capital assets		
Machinery and equipment	272 543	236 595
Total	272 543	236 595

9. Cash and cash equivalents

	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General Account	-	395 604
Disbursements	-	(383 190)
Cash on hand	-	1 346
Total	-	13 760

10. Prepayments and advances

	2023/24 R'000	2022/23 R'000
Travel and subsistence	681	2 092
Advances paid (Not expensed)	1 434	2 357
Total	2 115	4 449

Analysis of Total Prepayments and advances

Current Prepayments and advances	2 115	4 449
Non-current Prepayments and advances	-	-
Total	2 115	4 449

10.1. Advances paid (Not expensed)

		2023/24			
	Note	Amount as at 1 April 2023 R'000	Less: Amounts expensed in current year R'000	Add / Less: Other R'000	Add Current year advances R'000
Other entities		2 357	(68 796)	-	67 873
Total	10	2 357	(68 796)	-	67 873

Advances paid (Not expensed) primarily relates to transfers to Non-Profit institutions for which expenditure claims are still outstanding at year-end.

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		2022/23				
		Amount as at 1 April 2022	Less: Amounts expensed in current year	Add / Less: Other	Add: Current year advances	Amount as at 31 March 2023
	Note	R'000	R'000	R'000	R'000	R'000
Other entities		1 999	(63 211)	-	63 569	2 357
Total	10	1 999	(63 211)	-	63 569	2 357

10.2. Advances paid (Expensed)

		2023/24				
		Amount as at 1 April 2023	Less: Received in the current year	Less: Other	Add Current year advances	Amount as at 31 March 2024
		R'000	R'000	R'000	R'000	R'000
Other entities		12 580	(5 229)	-	-	7 351
Total		12 580	(5 229)	-	-	7 351

		2022/23				
		Amount as at 1 April 2022	Less: Received in the current year	Add / Less: Other	Add Current year advances	Amount as at 31 March 2023
		R'000	R'000	R'000	R'000	R'000
Other entities		6 295	(442)	(30)	6 757	12 580
Total		6 295	(442)	(30)	6 757	12 580

Advances paid (expensed) relates to Motor Vehicles ordered from Department of Mobility, but not received at year end. This amount is included in the Expenditure for Capital Asset: Machinery and Equipment (refer to Note 8).

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11. Receivables

	Note	2023/24			2022/23		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	10 039	-	10 039	12 574	-	12 574
Staff debt	11.2	12 680	-	12 680	11 618	10	11 628
Other receivables	11.3	22 811	-	22 811	19 262	727	19 989
Total		45 530	-	45 530	43 454	737	44 191

Prior year Other receivables reduced by R269m for amounts relating to the unissued stock of the Depot and Warehouse during 2022/23. These amounts have been allocated to revenue (note 2) and inventory (note 5).

11.1. Claims recoverable

	Note	2023/24 R'000	2022/23 R'000
National departments		2 439	2 154
Provincial departments		3 266	1 050
Local governments		4 334	9 370
Total	11	10 039	12 574

11.2. Staff debt

	Note	2023/24 R'000	2022/23 R'000
Salary reversal control account		631	1 818
Salary tax debt		308	262
Salary deductions/recalls		515	13
Debt account		11 226	9 535
Total	11	12 680	11 628

11.3. Other receivables

	Note	2023/24 R'000	2022/23 R'000
Disallowance miscellaneous		474	253
Disallowance damage and losses		2 097	2 172
Bursaries for health workers		47	162
Suppliers debtors		14 356	7 686
Medical bursaries		5 837	9 716
Total	11	22 811	19 989

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11.4. Impairment of receivables

	2023/24 R'000	2022/23 R'000
Estimate of impairment of receivables	2 107	2 471
Total	2 107	2 471

Impairment for the current year is based on percentage of debts written off in the previous financial reporting period, in addition all debts less than R2 000 also included in the impairment value as these would be deemed uneconomical to recover.

12. Voted funds to be surrendered to the Revenue Fund

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Opening balance		29 567	273 909
Prior period error	12.1	-	(178 356)
As restated		29 567	95 553
Transferred from statement of financial performance (as restated)		92 281	207 923
Paid during the year		(180 030)	(273 909)
Closing balance		(58 182)	29 567

12.1. Prior period error

Nature of prior period error	2022/23 R'000
Relating to 2021/22 [affecting the opening balance]	(178 356)
Inventory expenditure understated due to payments that was incorrectly processed against suspense accounts during 2021/22	(178 356)
Relating to 2022/23	27 893
Expenditure incorrectly paid against suspense accounts during 2022/23 financial year (FY)	(29 623)
Expenditure incurred in 2021/22 FY and incorrectly expensed in 2022/23 FY	57 516
Total prior period errors	(150 463)

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12.2. Reconciliation on unspent conditional grants

	Note	2023/24 R'000	2022/23 R'000
Total conditional grants received	1.2	7 091 824	7 469 244
Total conditional grants spent		(7 091 824)	(7 454 790)
Unspent conditional grants to be surrendered		-	14 454
Less: Paid to the Provincial Revenue Fund by Provincial department		-	-
Approved for rollover		-	-
Not approved for rollover		-	-
Due by the Provincial Revenue Fund		-	14 454

The areas marked in grey are not required to be completed in terms National Treasury guidelines.

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2023/24 R'000	2022/23 R'000
Opening balance		(89 105)	27 110
Prior period error	13.1	-	-
As restated		(89 105)	27 110
Transferred from statement of financial performance (as restated)	13.1	52 314	52 286
Own revenue included in appropriation		448 375	397 253
Paid during the year		(519 328)	(565 754)
Closing balance		(107 744)	(89 105)

13.1. Prior period error

Nature of prior period error	2022/23 R'000
Relating to 2022/23	(118 592)
Amounts incorrectly recognised as Revenue during 2022/23	(118 592)
Total prior period errors	(118 592)

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14. Bank overdraft

	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General account	15 205	-
Total	15 205	-

15. Payables - current

	Note	2023/24 R'000	2022/23 R'000
Advances received	15.1	16 820	101 998
Clearing accounts	15.2	7 284	12 974
Total		24 104	114 972

The decrease in Advances received relates to amounts received in the prior year(s) that could not be allocated in those years and was recognised as revenue in the current financial year.

15.1. Advances received

	Note	2023/24 R'000	2022/23 R'000
Other institutions		16 820	101 998
Total	Ann 7B	16 820	101 998

15.2. Clearing accounts

Description	Note	2023/24 R'000	2022/23 R'000
Patient fee deposits		33	5
Pension fund		-	74
GEHS refund control account		6 921	9 310
Income tax		330	3 417
Bargaining councils		-	2
ACB recalls		-	166
Total	15	7 284	12 974

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16. Net cash flow available from operating activities

	2023/24 R'000	2022/23 R'000
Net surplus as per Statement of Financial Performance	156 435	260 154
Add back non-cash/cash movements not deemed operating activities	790 852	488 338
(Increase) in receivables	(2 076)	(143 977)
(Increase)/decrease in prepayments and advances	2 334	(1 615)
(Decrease) in payables – current	(90 868)	(36 733)
Proceeds from sale of capital assets	(1 757)	-
Expenditure on capital assets	1 134 202	1 113 073
Surrenders to Revenue Fund	(699 358)	(839 663)
Own revenue included in appropriation	448 375	397 253
Net cash flow generated by operating activities	947 287	748 492

17. Reconciliation of cash and cash equivalents for cash flow purposes

	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General account	352 735	395 604
Disbursements	(369 057)	(383 190)
Cash on hand	1 117	1 346
Total	(15 205)	13 760

18. Contingent liabilities and contingent assets

18.1. Contingent liabilities

Liable to	Nature	Note	2023/24 R'000	2022/23 R'000
Claims against the department		Annex 2	23 084	88 731
Total			23 084	88 731

Medico Legal Claims (Excluded from Contingent Liabilities above)

The department had 401 active Medico Legal Cases on hand at year-end. It assessed 298 (2022/23: 315) of these as having poor merits and therefore did not provide for them under contingency liabilities. The remaining 103 cases with strong merits have been provided for under provisions (97 Cases) and payables (6 Cases) respectively.

(Note that not all of the 298 cases, necessarily have poor merits, but some are potentially indefensible for which an estimate of the possible obligation cannot be made with sufficient reliability).

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18.2. Contingent assets

	2023/24	2022/23
Nature of contingent asset	R'000	R'000
Civil	767	711
Total	767	711

Other Contingent Assets – not included in balance above

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service. Furthermore, the Department is not able to reliably measure the contingent asset in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) cases under investigation.

19. Capital commitments

	2023/24	2022/23
	R'000	R'000
Buildings and other fixed structures	530 851	469 379
Machinery and equipment	14 375	147 815
Total	545 226	617 194

20. Accruals and payables not recognised

20.1. Accruals

	2023/24			2022/23
	30 Days	30+ Days	Total	Total
Listed by economic classification	R'000	R'000	R'000	R'000
Goods and services	192 265	41 430	233 695	213 678
Transfers and subsidies	73 905	201	74 106	73 976
Capital assets	4 237	36	4 273	2 092
Total	270 407	41 667	312 074	289 746

	2023/24	2022/23
Listed by programme level	R'000	R'000
Administration	9 429	8 879
District Health Services	152 393	147 005
Emergency Medical Services	-	8 679
Provincial Hospital Services	40 697	31 330
Central Hospital Services	106 322	92 337
Health Science and Training	605	43
Health Care Support Services	641	451
Health Facility Management	1 987	1 022
Total	312 074	289 746

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20.2. Payables not recognised

Listed by economic classification	Note	2023/24			2022/23
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Goods and services		215 688	8 967	224 655	219 516
Transfers and subsidies		4 008	6	4 014	2 982
Capital assets		17 642	-	17 642	2 167
Other		93 742	-	93 742	75 118
Total		331 080	8 973	340 053	299 783

Listed by programme level	2023/24 R'000	2022/23 R'000
Administration	116 559	98 487
District Health Services	33 940	77 188
Emergency Medical Services	14 282	1 060
Provincial Hospital Services	8 404	31 964
Central Hospital Services	25 959	70 913
Health Science and Training	2 371	1 727
Health Care Support Services	117 364	18 161
Health Facility Management	21 174	283
Total	340 053	299 783

Included in the above totals are the following:	Note	2023/24 R'000	2022/23 R'000
Confirmed balances with other departments	Annex 4	24 540	22 494
Total		24 540	22 494

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21. Employee benefits

	2023/24 R'000	2022/23 R'000
Leave entitlement	505 946	494 196
Service bonus	365 971	331 653
Capped leave	121 651	130 610
Other	41 899	21 712
Total	1 035 467	978 171

	2023/24 R'000	2022/23 R'000
<u>Leave Entitlement</u>		
Leave Entitlement on PERSAL at year end	504 997	498 158
Add: Negative Leave credits included	27 206	22 669
Less: Leave captured after year end	(26 257)	(26 631)
Recalculated	505 946	494 196
<u>Other</u>		
Payables (Mainly overtime)	27 524	9 670
Long Service Awards	12 937	10 728
Provision for MEC exit gratuity	1 438	1 314
	41 899	21 712
At this stage the department is not able to reliably measure the long term portion of the long service awards. Refer to Note 31.1: Liabilities: for prior period error relating to Provision for exit gratuity owing to Minister N Mbombo.		

		2023/24 R'000	2022/23 R'000
<i>Included in the above totals are the following:</i>	<i>Note</i>		
Confirmed balances with other departments	<i>Annex 4</i>	677	-
Total		677	-

22. Lease commitments

22.1. Operating leases

	2023/24	
	Machinery and equipment R'000	Total R'000
Not later than 1 year	21 844	21 844
Later than 1 year and not later than 5 years	19 847	19 847
Later than 5 years	-	-
Total lease commitments	41 691	41 691

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2022/23		
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	21 461	21 461
Later than 1 year and not later than 5 years	14 323	14 323
Later than 5 years	-	-
Total lease commitments	35 784	35 784

Predominantly relates to the leasing of multifunction printing office equipment at various facilities.

22.2. Finance leases

2023/24		
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	278 671	278 671
Later than 1 year and not later than 5 years	596 468	596 468
Later than 5 years	2 265	2 265
Total lease commitments	877 404	877 404

2022/23		
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	236 082	236 082
Later than 1 year and not later than 5 years	458 442	458 442
Later than 5 years	2 726	2 726
Total lease commitments	697 250	697 250

Finance leases relates to motor vehicles leased from Government Motor Transport (GMT).

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23. Accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Sales of goods and services other than capital assets	1 208 380	986 934
Total	1 208 380	986 934

23.1. Analysis of accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Opening balance	986 934	791 379
Less: amounts received	(322 750)	(331 301)
Add: amounts recorded	848 624	767 970
Less: amounts written off/reversed as irrecoverable	(304 428)	(241 114)
Closing balance	1 208 380	986 934

23.2. Accrued departmental revenue written off

Nature of losses	2023/24 R'000	2022/23 R'000
Patient Fees	304 428	241 114
Total	304 428	241 114

23.3. Impairment of accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Estimate of impairment of accrued departmental revenue	394 000	326 000
Total	394 000	326 000

Estimated impairment of patient fees debt is attributable to the following main drivers:

	2023/24 R'000	2022/23 R'000
Road Accident Fund due to the rules for shared accountability	261 000	204 000
Individual Debt due to unaffordability	107 000	96 000
Debt older than 3 years	23 000	22 000
Medical Aid Debt due to depleted benefits	3 000	4 000
	394 000	326 000

The department calculates the impairment on the accrued departmental revenue based on the estimates of recoverability of the main drivers of patient debt (e.g. Private Patient Fees Debt, RAF debt etc.) and utilising current events as well as historical data trends of the preceding 12 months.

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24. Unauthorised, Irregular and Fruitless and wasteful expenditure

	2023/24 R'000	2022/23 R'000
Irregular expenditure - current year	6 866	6 380
Fruitless and wasteful expenditure - current year	-	18
Total	6 866	6 398

Information on any criminal or disciplinary steps taken as a result of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure is included in the annual report under the PFMA Compliance Report. Refer to Note 31 for prior period error relating to Irregular expenditure.

25. Related party transactions

The Department of Health and Wellness occupies a building free of charge managed by the Department of Infrastructure. Parking space is also provided for government officials at an approved fee that is not market related.

The Department of Health and Wellness received corporate services from the Corporate Services Centre of the Department of the Premier in the Western Cape Province with effect from 1 November 2010 in respect of the following service areas:

- Information and Communication Technology
- Organisation Development
- Provincial Training (transversal)
- Enterprise Risk Management
- Internal Audit
- Provincial Forensic Services
- Legal Services
- Corporate Communication

The Department of Health and Wellness make use of government motor vehicles managed by Department of Mobility based on tariffs approved by the Department of Provincial Treasury.

The Department of Health and Wellness received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.

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26. Key management personnel

	2023/24 R'000	2022/23 R'000
Member of the Executive Council (MEC)	2 156	2 096
Officials:		
Management	24 407	21 728
Total	26 563	23 824

27. Provisions

	2023/24 R'000	2022/23 R'000
Medical Legal Claims	591 515	516 250
Infrastructure Retentions	33 684	31 920
Civil Claims	-	1 598
Total	625 199	549 768

Medical Legal Claims

The above amount relates to claims instated against the Department where merits have been conceded to the claimant. The amount represents the best estimate of the value that will possibly be settled once the matter has been resolved through the courts or a negotiated settlement.

Infrastructure Retentions

Progress billings related to infrastructure projects that will be paid once conditions specified in the contract are met.

27.1. Reconciliation of movement in provisions - Current year

	2023/24			
	Medical legal Claims	Infrastructure Retentions	Civil Claims	Total provisions
	R'000	R'000	R'000	R'000
Opening balance	516 250	31 920	1 598	549 768
Increase in provision	179 359	10 306	-	189 665
Settlement of provision	(35 937)	(8 542)	(1 598)	(46 077)
Unused amount reversed	(1 806)	-	-	(1 806)
Change in provision due to change in estimation of inputs	(66 351)	-	-	(66 351)
Closing balance	591 515	33 684	-	625 199

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Reconciliation of movement in provisions - Prior year

	2022/23			
	Medico Legal Claims	Infrastructur e Retentions	Civil Claims	Total provisions
	R'000	R'000	R'000	R'000
Opening balance	426 535	24 896	-	451 431
Increase in provision	288 643	16 536	1 598	306 777
Settlement of provision	(143 549)	(7 085)	-	(150 634)
Unused amount reversed	(30 054)	-	-	(30 054)
Change in provision due to change in estimation of inputs	(25 325)	(2 427)	-	(27 752)
Closing balance	516 250	31 920	1 598	549 768

28. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	5 264 777	396 434	(214 540)	5 446 671
Transport assets	4 788	365	(109)	5 044
Computer equipment	583 494	41 964	(30 151)	595 307
Furniture and office equipment	142 773	11 408	(3 798)	150 383
Other machinery and equipment	4 533 722	342 697	(180 482)	4 695 937
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	5 264 777	396 434	(214 540)	5 446 671

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register that are under investigation:		
Machinery and equipment	15 487	413 693
Total	15 487	413 693

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28.1. MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	4 672 043	114 524	609 813	(131 603)	5 264 777
Transport assets	3 504	1 228	170	(114)	4 788
Computer equipment	484 470	24 284	111 793	(37 053)	583 494
Furniture and office equipment	150 211	(20 696)	16 758	(3 500)	142 773
Other machinery and equipment	4 033 858	109 708	481 092	(90 936)	4 533 722
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	4 672 043	114 524	609 813	(131 603)	5 264 777

28.1.1. Prior period error

Nature of prior period error	2022/23 R'000
Relating to 2021/22 [affecting the opening balance]	114 524
Incorrect classifications	106 850
Asset register correction	7 674
Relating to 2022/23	3 248
Additions understated	3 248
Total prior period errors	117 772

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28.2. Minor assets

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24	
	Machinery and equipment	Total
	R'000	R'000
Opening balance	654 675	654 675
Additions	26 001	26 001
Disposals	(29 148)	(29 148)
Total Minor assets	651 528	651 528
	Machinery and equipment	Total
Number of minor assets at cost	362 362	362 362
Total number of minor assets	362 362	362 362

Minor capital assets under investigation

	Number	Value R'000
Included in the above total of the minor capital assets per the asset register that are under investigation:		
Machinery and equipment	45 952	75 079

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23	
	Machinery and equipment	Total
	R'000	R'000
Opening balance	633 315	633 315
Prior period error	(14 538)	(14 538)
Additions	54 295	54 295
Disposals	(18 397)	(18 397)
Total Minor assets	654 675	654 675
	Machinery and equipment	Total
Number of minor assets at cost	371 925	371 925
Total number of minor assets	371 925	371 925

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28.2.1. Prior period error

Nature of prior period error	2022/23 R'000
Relating to 2021/22 [affecting the opening balance]	(14 538)
Incorrect classifications	(993)
Asset register correction	(13 545)
Relating to 2022/23	114
Additions understated	114
Total prior period errors	(14 424)

29. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
SOFTWARE	19 691	906	-	20 597
TOTAL INTANGIBLE CAPITAL ASSETS	19 691	906	-	20 597

29.1. MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	20 859	(2 575)	1 407	-	19 691
TOTAL INTANGIBLE CAPITAL ASSETS	20 859	(2 575)	1 407	-	19 691

29.1.1. Prior period error

Nature of prior period error	2023/24 R'000
Relating to 2021/22 [affecting the opening balance]	(2 575)
Incorrect classification	(2 575)
Total prior period errors	(2 575)

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30. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 293 035	115 403	(109)	2 408 329
Non-residential buildings	2 276 811	114 874	-	2 391 685
Other fixed structures	16 224	529	(109)	16 644
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 293 035	115 403	(109)	2 408 329

30.1. MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 011 219	19	281 797	-	2 293 035
Dwellings					
Non-residential buildings	1 995 600	-	281 211	-	2 276 811
Other fixed structures	15 619	19	586	-	16 224
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 011 219	19	281 797	-	2 293 035

30.1.1. Prior period error

Nature of prior period error	2023/24 R'000
Relating to 2021/22 <i>[affecting the opening balance]</i>	19
Other fixed structures: Incorrect classifications	19
Total prior period errors	19

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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30.2. Immovable tangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

		2023/24			
		Opening balance 1 April 2023	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2024
	Note	R'000	R'000	R'000	R'000
Buildings and other fixed structures		387 005	450 008	(115 385)	721 628
Total	Annex 6	387 005	450 008	(115 385)	721 628

Payables not recognised relating to Capital WIP	2023/24 R'000	2022/23 R'000
Payables	14 726	-
Total	14 726	-

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

		2022/23				
		Opening balance 1 April 2022	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2023
		R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures		435 440	-	227 229	(275 664)	387 005
Total		435 440	-	227 229	(275 664)	387 005

31. Prior period errors

31.1. Correction of prior period errors

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Revenue:				
Departmental Revenue	2	170 878	(118 592)	52 286
Net effect		170 878	(118 592)	52 286

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		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Expenditure:				
Goods and Services	5	9 491 087	(27 893)	9 463 194
Net effect		9 491 087	(27 893)	9 463 194

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Assets:				
Movable tangible capital assets	28.1.1	5 147 005	117 772	5 264 777
Minor tangible Assets	28.2.1	669 099	(14 424)	654 675
Intangible Assets	29.1.1	22 266	(2 575)	19 691
Immovable tangible capital assets: Other Fixed Structures	30.1.1	16 205	19	16 224
Receivables	11	313 246	(269 055)	44 191
Net effect		6 167 821	(168 263)	5 999 558

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Liabilities:				
Voted funds to be surrendered	12	180 030	(150 463)	29 567
Employee Benefits (Other: Exit Gratuity)	21	20 971	741	21 712
Net effect		201 001	(149 722)	51 279

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Other:				
Irregular expenditure	24	6 291	89	6 380
Net effect		6 291	89	6 380

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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32. Statement of conditional grants received

NAME OF GRANT	GRANT ALLOCATION					SPENT			2022/23		
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	3 332 007	-	-	-	3 332 007	3 332 007	3 332 007	-	100.0%	3 401 057	3 401 057
Human Resources & Training Grant of which	887 123	-	-	-	887 123	887 123	887 123	-	100.0%	899 442	899 442
Statutory Human Resources Component	369 008	-	-	-	369 008	369 008	369 008	-	100.0%	356 963	356 963
Training Component	518 115	-	-	-	518 115	518 115	518 115	-	100.0%	542 479	542 479
District Health Programmes Grant of which	2 049 145	-	(66 516)	-	1 982 629	1 982 629	1 982 629	-	100.0%	2 268 294	2 268 294
District Health Component	217 764	-	-	-	217 764	217 764	217 764	-	100.0%	415 431	415 431
Comprehensive HIV/AIDS Component	1 831 381	-	(66 516)	-	1 764 865	1 764 865	1 764 865	-	100.0%	1 852 863	1 852 863
Health Facility Revitalisation Grant	883 298	14 454	(54 587)	-	843 165	843 165	843 165	-	100.0%	853 090	838 636
National Health Insurance Grant	36 225	-	-	-	36 225	36 225	36 225	-	100.0%	34 964	34 964
Expanded Public Works Programme Integrated Grant for Provinces	2 155	-	(210)	-	1 945	1 945	1 945	-	100.0%	2 106	2 106
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	9 404	-	(674)	-	8 730	8 730	8 730	-	100.0%	10 291	10 291
	7 199 357	14 454	(121 987)	-	7 091 824	7 091 824	7 091 824	-		7 469 244	7 454 790

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

33. Statement of conditional grants and other transfers paid to municipalities

NAME OF MUNICIPALITY	2023/24					2022/23		
	GRANT ALLOCATION			TRANSFER		DoRA and other transfers	Actual Transfer	Actual Transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
City of Cape Town	655 785	-	(28 719)	627 066	600 838	-	-	629 993
PD: Vehicle Licences	18	-	-	18	14	-	-	15
	655 803	-	(28 719)	627 084	600 852	-	-	630 008

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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34. Broad Based Black Economic Empowerment performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

35. Natural disaster or relief expenditure

	Note	2023/24 R'000	2022/23 R'000
Compensation of employees		-	230 274
Goods and services		-	116 457
Transfers and subsidies		-	399
Expenditure for capital assets		-	388
Other		-	3
Total	<i>Annex 8</i>	-	347 521

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER			SPENT			2022/23			
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by Municipality	Amount spent by municipality	Unspent funds	% of available funds spent by municipality	DoRA and other transfers	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
City of Cape Town	655 785	-	(28 719)	627 066	600 838	-	-	600 838	600 838	-	100.0%	659 086	629 993
PD: Vehicle Licences	18	-	-	18	14	-	-	14	14	-	100.0%	18	15
Total	655 803	-	(28 719)	627 084	600 852	-	-	600 852	600 852	-		659 104	630 008

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENTAL AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2022/23	
	Adjusted budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health&Welfare Seta	7 246	-	-	7 246	7 241	99.9%	6 894	6 873
COM:Licences	651	-	-	651	547	84.0%	619	495
Total	7 897	-	-	7 897	7 788		7 513	7 368

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ANNEXURE 1C
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
District Management	2 622	-	-	2 622	2 622	100.0%	2 509	2 509
COPC Wellness	10 740	-	-	10 740	10 740	100.0%	10 220	10 220
Community Health Clinics	210	-	-	210	211	100.5%	200	197
Tuberculosis	2 486	-	-	2 486	1 685	67.8%	2 366	2 044
Mitchells Plain Transitional Care Facility	43 444	-	-	43 444	43 632	100.4%	51 802	51 601
Booth Memorial (Chronic Care)	32 720	-	-	32 720	31 037	94.9%	31 132	31 184
Garden Route District Office (Chronic Care)	1 710	-	-	1 710	1 554	90.9%	1 575	1 821
Overberg District Office (Chronic Care)	2 994	-	-	2 994	3 695	123.4%	2 905	3 257
West Coast District Office (Chronic Care)	4 736	-	-	4 736	4 832	102.0%	3 849	4 594
ST Joseph (Chronic Care)	12 373	-	-	12 373	11 952	96.6%	11 773	11 773
TB Adherence Support	4 513	-	-	4 513	3 309	73.3%	4 675	3 878
Home Base Care	25 856	-	-	25 856	34 244	132.4%	41 036	21 376
Mental Health	72 500	-	-	72 500	69 983	96.5%	54 454	66 728
HIV and AIDS	402 972	-	-	402 972	387 187	96.1%	399 090	378 474
Nutrition	1 065	-	-	1 065	1 092	102.5%	3 938	3 899
Klipfontein/Mitchells Plain substructure	2 079	-	-	2 079	2 079	100.0%	1 978	1 978
Alexandra Hospital	4 046	-	-	4 046	3 781	93.5%	3 850	3 675
Maitland Cottage	15 506	-	-	15 506	15 506	100.0%	14 754	14 754
EPWP	65 000	-	-	65 000	65 000	100.0%	64 672	64 672
Chief Director: Rural DHS	-	-	-	-	-	0.0%	-	226
Community Based Services: Strengthening Mental Health Burden	5 019	-	-	5 019	2 107	42.0%	-	-
Community Based Services: Eliminating Tuberculosis (TB)	13 594	-	-	13 594	13 408	98.6%	-	-
	726 185	-	-	726 185	709 656		706 778	678 860

Please note: Aquarius Healthcare (Chronic care) description was changed to Mitchells Plain Transitional Care Facility.

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ANNEXURE 1D
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
HOUSEHOLDS								
Transfers								
Employee social benefits-cash residents	77 336	-	-	77 336	63 997	82.8%	77 035	59 460
Claims against the state: households	137 130	-	-	137 130	119 557	87.2%	179 182	163 463
Bursaries	46 761	-	(4 233)	42 528	38 555	90.7%	53 393	42 288
Payments made as an act of grace	178	-	-	178	74	41.6%	201	49
Donations and gifts: cash	80	-	-	80	-	0.0%	80	80
	261 485	-	(4 233)	257 252	222 183		309 891	265 340

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ANNEXURE 1E
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Received in cash			
Donations			
Donations received for the year ending 31 March 2023			
Azeezat Jimoh	Cash	3	448
DEM Services	Cash	1	
Owen Fang Wellsave Trading CC	Cash	1	
Perdekraal East Wind Farm (RF) Pty Ltd	Cash	600	
Total donations		605	448
Subtotal - received in cash		605	448

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for the year ended 31 March 2024

ANNEXURE 1E (CONTINUED)

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Received in kind			
Donations			
Donations received for the year ending 31 March 2023			95 205
Arjo Huntleigh SA	Other Machinery & Equipment	81	
Batho Kopanang Distributors	Consumables	1	
Carolyn Cannon	Other Machinery & Equipment	3	
CE Mobility	Consumables	439	
DGMT	Other Machinery & Equipment	325	
Doctors without Borders South Africa	Consumables	1 105	
Doctors without Borders South Africa	Furniture & Office Equipment	6	
East Coast Medical Northern Reg	Other Machinery & Equipment	74	
False Bay Hospital Trust	Furniture & Office Equipment	78	
False Bay Trust	Consumables	9	
Fresenius	Other Machinery & Equipment	24	
Global Fund	Consumables	19 908	
Great Odds	Consumables	3	
Hass Industrial	Other Machinery & Equipment	86	
Immunospec Pty Ltd	Consumables	32	
Investec	Other Machinery & Equipment	197	
Ken Conelissen	Consumables	6	
Kwa-Dube Medical	Other Machinery & Equipment	22	
Lighthouse Family Church Belhar	Furniture & Office Equipment	3	
Lorraine	Consumables	5	
Mega Outreach	Consumables	2	
NSH Facility Board	Consumables	11	

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ANNEXURE 1E (CONTINUED)
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
NSH Facility Board	Other Machinery & Equipment	223	
Obsidian Health	Consumables	58	
Red Cross Hospital	Other Machinery & Equipment	502	
Respiratory Care Africa	Other Machinery & Equipment	26	
SAVTI	Consumables	19	
South African Muslim Charitable Trust	Other Machinery & Equipment	900	
Tania Cameron	Consumables	11	
The Children's Hospital Trust	Consumables	90	
The Children's Hospital Trust	Other Machinery & Equipment	424	
The Church of Jesus Christ of Latter day Saints	Consumables	146	
The Church of Jesus Christ of Latter day Saints	Other Machinery & Equipment	111	
The Commodore & The Portwood Hotel	Other Machinery & Equipment	6	
Tineke Linchfield	Consumables	1	
Tygerberg Hospital Children's Trust	Other Machinery & Equipment	1 592	
Various	Other Machinery & Equipment	19	
WCBS (Blood Services)	Consumables	7	
West Coast Technology	Consumables	11	
Total donations received in kind		26 566	95 205
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED		27 171	95 653

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ANNEXURE 1F
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	PAID BACK ON/BY 31 MARCH	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash						
EU Donor Fund	Health Patient Registration System - HPRS	229	-	-	-	229
USAID Donor Fund	Health Service Delivery	(5 064)	21 225	9 385	-	6 776
Subtotal		(4 835)	21 225	9 385	-	7 005
TOTAL AID ASSISTANCE RECEIVED						
		(4 835)	21 225	9 385	-	7 005

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ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2023/24	2022/23
	R'000	R'000
Donations		
Donations made for the year ending 31 March 2023		774
Albertinia Versorgingsdiens: Other Machinery & Equipment	78	
Bertha Arendse: Other Machinery & Equipment	30	
Cathrine Mathilda: Other Machinery & Equipment	8	
Courage to Care: Other Machinery & Equipment	15	
Deon David le Roux: Other Machinery & Equipment	5	
Desiree van der Westerhuizen: Furniture & Office Equipment	1	
Facility Board: Other Machinery & Equipment	15	
Garlandale Football Club: Furniture & Office Equipment	18	
Garlandale Football Club: Other Machinery & Equipment	15	
Gerenique Isaacs: Furniture & Office Equipment	1	
Goukam Health: Other Machinery & Equipment	56	
Huis Stilbaai: Other Machinery & Equipment	14	
Huis Wallace Anderson: Other Machinery & Equipment	57	
Huis Zenobia du Toit: Other Machinery & Equipment	29	
Kauthar Tofah: Furniture & Office Equipment	1	
Khayelitsha CHC, Site B: Other Machinery & Equipment	15	
Laodicea Pentecostal Church: Furniture & Office Equipment	1	
Laodicea Pentecostal Church: Other Machinery & Equipment	14	
NPO Feeding Scheme: Furniture & Office Equipment	4	

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 1G (CONTINUED)

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2023/24	2022/23
	R'000	R'000
NPO Huis Ebenhaeser: Other Machinery & Equipment	30	
NPO Place of Safety: Other Machinery & Equipment	27	
NPO Sewing Project: Furniture & Office Equipment	1	
NPO Sewing Project: Other Machinery & Equipment	7	
Plumrus: Other Machinery & Equipment	172	
Rescue Among Many: Other Machinery & Equipment	1	
Riversdal Droom: Other Machinery & Equipment	14	
Stuart Arendse: Other Machinery & Equipment	1	
Susan Isaacs: Furniture & Office Equipment	15	
Susan Isaacs: Other Machinery & Equipment	2	
Woodside Special Care: Furniture & Office Equipment	11	
Woodside Special Care: Other Machinery & Equipment	124	
Work Centre for people with Disabilities: Furniture & Office Equipment	1	
Total donations	783	774
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS MADE IN KIND	783	774

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 2
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2024

NATURE OF LIABILITY	Opening balance 1 April 2023	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Civil and legal	88 731	11 400	(77 047)	-	23 084
Subtotal	88 731	11 400	(77 047)	-	23 084
TOTAL	88 731	11 400	(77 047)	-	23 084

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 3

CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance		Unconfirmed balance		Total	
	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000
DEPARTMENTS						
PROVINCE OF THE WESTERN CAPE						
Department of Infrastructure	-	-	407	90	407	90
Department of Community Safety	-	-	38	42	38	42
Department of the Premier	-	-	2 061	6	2 061	6
Department of Social Development	213	657	-	-	213	657
Department of Cultural Affairs and Sport	-	-	2	139	2	139
Department of Education	29	-	-	56	29	56
PROVINCE OF THE EASTERN CAPE						
Department of Health	-	-	174	-	174	-
NORTHERN CAPE PROVINCE						
Department of Health	-	-	-	60	-	60
MPUMALANGA PROVINCE						
Department of Mpumalanga	-	-	342	-	342	-
NATIONAL DEPARTMENTS						
Department of Correctional Services	-	-	10	48	10	48
South African Social Security Agency	-	1 127	2 215	666	2 215	1 793
Justice and Constitutional Development	165	-	-	313	165	313
SITA	-	-	49	-	49	-
	407	1 784	5 298	1 420	5 705	3 204
OTHER GOVERNMENT ENTITIES						
City of Cape Town (Cape Medical Depot)	-	-	4 222	8 814	4 222	8 814
City of Cape Town (WCH Warehouse)	-	-	112	556	112	556
	-	-	4 334	9 370	4 334	9 370
Total	407	1 784	9 632	10 790	10 039	12 574

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 4
INTERGOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2023/24*	
	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000	Payment date up to six (6) working days before year end	Amount R'000
DEPARTMENTS								
Current								
WESTERN CAPE GOVERNMENT								
Department of Education	-	-	-	-	-	-	28/03/2024	10 000
Government Motor Transport	21 277	17 365	-	-	21 277	17 365		
Department of the Premier	2 330	1 713	-	-	2 330	1 713	28/03/2024	3 283
Department of Infrastructure	256	1 413	329	-	585	1 413	28/03/2024	1 989
Department of Cultural Affairs and Sport	-	-	-	-	-	-	28/03/2024	5
EASTERN CAPE PROVINCE								
Department of Health	39	102	-	-	39	102		
MPUMALANGA PROVINCE								
Department of Health	194	-	-	-	194	-		
NORTHERN CAPE								
Department of Health	303	-	-	-	303	-		
KWAZULU NATAL								
Department of Health	141	-	-	-	141	-		
NATIONAL								
South African Police Services	-	9	-	-	-	9		
Department of Justice and Constitutional Development	-	1 892	-	-	-	1 892		
Subtotal	24 540	22 494	329	-	24 869	22 494		15 277
Total Departments	24 540	22 494	329	-	24 869	22 494		15 277
TOTAL INTERGOVERNMENTAL PAYABLES	24 540	22 494	329	-	24 869	22 494		

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 5
INVENTORIES

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2024

Opening balance		
Add/(Less): Adjustments to prior year balances		
Add: Additions/Purchases - Cash		
Add: Additions - Non-cash		
(Less): Disposals		
(Less): Issues		
Add/(Less): Adjustments		
Closing balance		
	Medical Supplies R'000	TOTAL R'000
	1 068 980	1 068 980
	70 921	70 921
	5 832 663	5 832 663
	4 633	4 633
	(23 442)	(23 442)
	(4 110 034)	(4 110 034)
	(1 222 244)	(1 222 244)
	1 621 477	1 621 477

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2023

Opening balance		
Add/(Less): Adjustments to prior year balances		
Add: Additions/Purchases - Cash		
Add: Additions - Non-cash		
(Less): Disposals		
(Less): Issues		
Add/(Less): Adjustments		
Closing balance		
	Medical Supplies R'000	TOTAL R'000
	885 776	885 776
	100 116	100 116
	5 006 329	5 006 329
	28 247	28 247
	(13 339)	(13 339)
	(5 165 836)	(5 165 836)
	227 687	227 687
	1 068 980	1 068 980

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 6

MOVEMENT IN CAPITAL WORK IN PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
STRUCTURES	387 005	450 008	(115 385)	721 628
Non-residential buildings	387 005	450 008	(115 385)	721 628
TOTAL	387 005	450 008	(115 385)	721 628

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
STRUCTURES	435 440	-	227 229	(275 664)	387 005
Non-residential buildings	435 440	-	227 229	(275 664)	387 005
TOTAL	435 440	-	227 229	(275 664)	387 005

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ANNEXURE 7A

INTER-ENTITY ADVANCES PAID (Note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER INSTITUTIONS						
Metro Health Services:						
Anova	-	-	98	-	98	-
Aquirius	-	-	-	46	-	46
Arisen Women	-	-	3	-	3	-
Athlone YMCA	-	-	13	14	13	14
Cape Flats YMCA	-	-	7	-	7	-
Caring Network (Wallacedene)	-	-	324	157	324	157
Courage to Care	-	-	-	70	-	70
Deaf	-	-	4	11	4	11
FAMSA	-	-	10	-	10	-
In The Public Interest	-	-	44	-	44	-
Kheth Impilo Tb Enhanced	-	-	59	79	59	79
La Leche	-	-	-	1	-	1
Lifeline Childline	-	-	-	68	-	68
Living Hope	-	-	20	-	20	-
Masinedane	-	-	-	54	-	54
Omega	-	-	-	20	-	20
Opportunities to Serve Ministries	-	-	-	59	-	59
Partners in Sexual Health NT	-	-	47	47	47	47
Philani	-	-	11	71	11	71
Sacla	-	-	-	4	-	4
Spades YDA	-	-	251	251	251	251
Tb/Hiv Care Association	-	-	70	861	70	861
Tehillah	-	-	-	93	-	93
The Hurdy Gurdy	-	-	56	-	56	-
The Parents Centre	-	-	-	1	-	1
Touch	-	-	-	123	-	123
Touching Nations	-	-	309	102	309	102
Tygerberg Hospice	-	-	30	19	30	19
Wolanani	-	-	47	70	47	70

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 7A (CONTINUED)
INTER-ENTITY ADVANCES PAID (Note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
Rural Health Services:						
Bredasdorp Childwelfare	-	-	19	57	19	57
Hawston Health and Welfare	-	-	-	69	-	69
Matzicare	-	-	-	10	-	10
Keith'Impilo	-	-	9	-	9	-
TB/HIV Swartland	-	-	3	-	3	-
Subtotal	-	-	1 434	2 357	1 434	2 357
TOTAL	-	-	1 434	2 357	1 434	2 357

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 7B
INTER-ENTITY ADVANCES RECEIVED (Note 15)

ENTITY	Confirmed balance		Unconfirmed balance		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER INSTITUTIONS						
Current						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery (Management Accounting)	80	80	-	-	80	80
Vaccination Payments	7 868	54 128	-	-	7 868	54 128
RAF Unknown (Management Accounting)	-	-	4 286	31 931	4 286	31 931
COVID/WCA Unknown	-	-	3 272	10 434	3 272	10 434
Vericred Unknown	-	-	109	109	109	109
State Departments/Unknown	-	-	1 177	5 181	1 177	5 181
HWSETA	-	-	-	107	-	107
TOTAL	7 976	54 236	8 844	47 762	16 820	101 998

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 8
NATURAL DISASTER OR RELIEF EXPENDITURE

Expenditure per economic classification	2023/24	2022/23
	TOTAL R'000	TOTAL R'000
Compensation of employees	-	230 274
Goods services	-	116 457
MINOR ASSETS	-	11
COMMUNICATION	-	2
LABORATORY SERVICES	-	30 991
CONTRACTORS	-	420
AGENCY&SUPRT/OUTSOURCED SERVICES	-	14 264
FLEET SERVICES(F/SER)	-	202
INV:FOOD & FOOD SUPPLIES	-	306
INV:MEDICAL SUPPLIES	-	47 417
INV: MEDICINE	-	3 845
CONS SUPPLIES	-	4 322
CONS:STA,PRINT&OFF SUP	-	301
PROPERTY PAYMENTS	-	14 210
INV:OTHER SUPPLIES	-	29
TRAVEL AND SUBSISTENCE	-	131
TRAINING & DEVELOPMENT	-	6
Transfers and subsidies	-	399
H/H:EMPLOYEE SOCIAL BENEFITS	-	399
Expenditure for capital assets	-	388
OTHER MACHINERY & EQUIPMENT	-	32
TRANSPORT EQUIPMENT	-	356
Other expenditure not listed above	-	3
THEFTS AND LOSSES	-	3
TOTAL NATURAL DISASTER OR RELIEF EXPENDITURE	-	347 521

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 9
ANALYSIS OF PREPAYMENTS AND ADVANCES (NOTES 10)

Name of Entity	Classification category	Balance outstanding as at 31 March 2023 R'000	Total amount prepaid /advanced in the current year R'000	Less: goods, services or capital assets received in the current year R'000	Add/Less: Other R'000	Balance outstanding as at 31 March 2024 R'000
Advances						
Advances paid to Staff	Provincial departments	2 092	-	(1 411)	-	681
Advances paid to Non-Profit Organisations	Other institutions	2 357	67 873	(68 796)	-	1 434
Advances paid to Department of Mobility	Other institutions	12 580	-	(5 229)	-	7 351
Total advances		17 029	67 873	(75 436)	-	9 466
TOTAL PREPAYMENTS AND ADVANCES						
		17 029	67 873	(75 436)	-	9 466

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 10

TRANSPORT ASSETS AS PER FINANCE LEASE REGISTER:

Movable Tangible Capital Assets

Transport assets as per finance lease register year ended 31 March 2024:

	Opening balance	Current year adjustments to prior year balances	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
GG Motor vehicles	643 364	-	192 076	(88 952)	746 488

Transport assets as per finance lease register year ended 31 March 2023:

	Opening balance	Current year adjustments to prior year balances	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
GG Motor vehicles	577 589	-	151 272	(85 496)	643 364

The Western Cape Government Health and Wellness utilised 1,786 Government motor vehicles during the year ended 31 March 2024, and 1,721 Government motor vehicles during the previous financial year ended 31 March 2023. The motor vehicles are leased under a finance agreement unique to the Western Cape Government and the annexure aims to improve the minimum reporting requirements as per the Modified Cash Standard.

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**Western Cape
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